

Public Board of Directors meeting (inc. Trust care awards)

Wed 23 October 2024, 15:30 - 17:30

Robens suite and online via MS Teams



Guy's and St Thomas'
NHS Foundation Trust

Agenda

15:30 - 15:45 **Trust Care Awards**

15 min

Charles Alexander, Ian Abbs

15:45 - 15:50 **1. Welcome and Apologies**

5 min

Charles Alexander

15:50 - 15:50 **2. Declarations of Interest**


0 min

Charles Alexander

15:50 - 15:50 **3. Minutes of the Previous Meeting Held on 31 July 2024 and Review of Actions**

0 min

Charles Alexander

 20240731 Public BoD Meeting Minutes v1.0.pdf (5 pages)

15:50 - 16:00 **4. Chairman's Report**

10 min

Verbal *Charles Alexander*

16:00 - 16:40 **5. Chief Executive's Report**

40 min


Information *Ian Abbs*

 Chief Executive Report - October 2024 Public Board vFinal.pdf (9 pages)

16:40 - 16:55 **6. Epic: One Year On**

15 min

Information *Jon Findlay*

 Epic one year on.pdf (1 pages)

 Epic update slides.pdf (6 pages)

16:55 - 17:10 **7. Guardian of Safe Working**

15 min

Information *Dorothy Kufeji*

 Guardian of Safe Working Report.pdf (8 pages)

Burnett
17/10/2024 16:22:23

17:10 - 17:25 **8. Updates from Chairs of Board Committees**

15 min


Verbal Board Committee Chairs

Papers for Noting

17:25 - 17:25 **9. Reports from Board Committees**

0 min

9.1. Audit and Risk Committee


 20240925 Audit & Risk Committee minutes vFinal.pdf (5 pages)


9.2. Financial, Commercial and Investment Committee

9.2.1. Minutes 24 July 2024

 20240724 Finance, Commercial & Investment Committee Minutes vFinal.pdf (4 pages)

9.2.2. Financial Report at Month 5

 Finance Report Month 5.pdf (4 pages)

 Finance Report Month 5 - Board Report.pdf (16 pages)

9.3. People, Culture and Education Committee

 20240911 People Culture and Education Board Committee vFinal.pdf (4 pages)

9.4. Quality and Performance Committee

9.4.1. Minutes 10 July 2024

 20240710 Quality and Performance Board Committee Minutes vFinal.pdf (6 pages)

9.4.2. Integrated Performance Report for September 2024

 Integrated Performance Report August 2024 Public Board.pdf (14 pages)

9.5. Transformation and Major Programmes Committee

 20240904 Transformation Major Programmes Board Committee Minutes vFinal.pdf (5 pages)

17:25 - 17:25 **10. Register of Documents Signed Under Seal**

0 min

Ian Abbs

 Documents Signed under Trust Seal 25 July 2024 to 16 October 2024 - vFinal.pdf (3 pages)

17:25 - 17:30 **11. Any Other Business**

5 min

Date of Next Meeting - 29th January 2025, 3.45pm – 5.30pm

Board Meeting
27/10/2024 16:52:21

BOARD OF DIRECTORS

Wednesday 31 July 2024, 3.30pm – 5.30pm
Robens Suite, Guy's Hospital and MS Teams

Members Present:	Charles Alexander (Chair)	Jon Findlay
	Ian Abbs	Simon Friend
	Avey Bhatia	Felicity Harvey
	Miranda Brawn	Deirdre Kelly
	Steven Davies	Sally Morgan
		Pauline Philip
		Simon Steddon

In attendance:	Andrew Asbury	Anita Knowles
	Gubby Ayida	Adeola Ogunlaja (minutes)
	Beverley Bryant	Tendai Wileman
	Stephanie Calvert	
	Jay Dungeni	
	Richard Grocott-Mason	

Members of the Council of Governors, members of the public and members of staff.

1. Welcome and apologies

- 1.1. The Chair welcomed the Board of Directors (the Board) and all staff, governors and members of the public in the room and online. Apologies had been received from Board members Nilkunj Dodhia, Shitij Kapur, Ian Playford and Lawrence Tallon.

2. Declarations of interests

- 2.1. Steven Davies and Simon Steddon were member representatives on the Partnership Board of Synnovis. It was noted that recusal from the item regarding the Synnovis critical IT incident was not considered necessary as discussion of this item was not expected to lead to a conflict of interest.

3. Minutes of the meeting held on 24 April 2024

- 3.1. The minutes of the previous meeting were agreed as an accurate record.

4. Chair's Update

- 4.1. The Chair acknowledged that this was the first public meeting of the Board of Directors since the general election, which had resulted in a new government and new Health Secretary. The Board looked forward to working with them and awaited developments with keen interest, particularly in relation to resolution of the ongoing industrial action.
- 4.2. Synnovis, the provider of the Trust's pathology services, had been the victim of a criminal cyber-attack in June 2024, and this was continuing to cause significant operational disruption. The Chair fully acknowledged the significant impact that this was having on both patients and staff and recorded his thanks to all staff who continued to work hard in response. The cyber-attack would be further considered later in the meeting.
- 4.3. Since the last public meeting of the Board of Directors in April 2024, the final report of the Infected Blood Inquiry had been published. The Chair expressed regret that some of the Trust's patients had

been affected by the use of infected blood and/or blood products in the past, and noted that the Inquiry's recommendations to prevent recurrence of the many failings which caused harm must be fully and swiftly implemented.

- 4.4. The Trust was developing its new organisational strategy and values, and planned to launch these in September 2024. This was an exciting time for the organisation, with the strategy to 2030 setting out how it intended to productively and sustainably improve delivery of care within its available resources and unlock better, faster, fairer healthcare for all.

5. Chief Executive's Update

- 5.1. The Chief Executive presented the Board with a comprehensive overview of the main developments at the Trust since the last public Board meeting. The recent cyber-attack had disabled much of the Synnovis digital infrastructure, causing significant operational disruption at the Trust, with blood tests and blood transfusions particularly affected. At the current time, the vast majority of Trust services were still running and the capacity of pathology services was steadily increasing as the Synnovis digital environment was rebuilt, although this process was unlikely to fully complete until at least mid-September. The impact of the cyber-attack had also extended to other organisations and community and primary care services across south east London, and an overview was provided on the Trust's close working with partner organisations locally, regionally and nationally to ensure a consistent and effective response.
- 5.2. There had been considerable remorse at the Trust and generally following the release of the Infected Blood Inquiry report which concluded that wrongs were done on individual, collective and systemic levels. While the Trust was not singled out or criticised in an express manner in the report, it fully recognised the devastating impact that the failings had on many patients and their families. The Chief Executive apologised for the role the Trust had played and his sympathies were with all those affected by the use of infected blood and blood products in the NHS.
- 5.3. An independent investigation about an external manufacturing issue that may have affected solution used to freeze eggs and embryos between 12 September and 19 October 2022 at the Trust's Assisted Conception Unit (ACU) had completed. Following a robust review of the data, both the external investigators and the Trust's own root cause analysis concluded that it was highly likely that the ACU did not receive the affected solution. The Trust would continue monitoring the outcome of eggs and embryos for returning patients. The reports and outcome had been shared with the regulator, the Human Fertilisation & Embryology Authority (HFEA), which agreed with the conclusion, was satisfied that the Trust had thoroughly investigated the incident and had already established an improvement programme to deliver the recommendations of the independent report. The ACU would remain under enhanced regulatory oversight and the HFEA's next inspection would focus on ensuring the improvements were in place and working.
- 5.4. A comprehensive overview was presented to the Board on the Trust's latest activity, quality, operational and financial performance. Urgent and emergency care performance remained consistent, with good performance in relation to waiting times and ambulance handovers. The care of patients with mental health conditions in the emergency department remained an area of focus, with collaboration ongoing with the South East London Integrated Care Board and local mental health providers.
- 5.5. Whilst the Trust was behind its planned performance trajectories across a number of operational standards, it was performing well against the cancer Faster Diagnosis Standard, which had previously been identified by the Board as a priority area in 2024/25. Working closely with NHS England as part of the 'tier one' regulatory support programme for cancer performance had been helpful towards implementing improvements. The Trust had now also been placed in 'tier one' for its elective performance, and welcomed the additional support that NHS England would provide.

- 5.6. The Trust's quality priorities for the coming year had been set out in the Quality Accounts, now published, which provided a comprehensive overview of the approach being taken to improving quality and safety, and the Trust's commitment to a culture of clinical excellence. There had been two never events reported in the past three months, which had been investigated in line with the new Patient Safety Incident Response Framework.
- 5.7. The Trust was monitoring the clinical impact of the operational disruption caused by the criminal cyber-attack on Synnovis, including the impact on complex surgery cases. To date, over a thousand appointments and procedures had regrettably been cancelled, further increasing the Trust's waiting list. While recognising that, notwithstanding the impact of the cyber-attack, overall patient experience remained positive, the Board acknowledged that feedback from patients on the waiting list and those whose appointments had been cancelled were not routinely captured. Consideration would be given, therefore, to how the experience of these patients could be recorded and better understood.
- 5.8. Patient communication and ways to contact the Trust continued to be an area of focus to improve patient experience, and the Trust was making good progress towards this by use of the MyChart patient portal which had seen very good uptake to date, and via other initiatives.
- 5.9. An update was provided about the work being done to prevent and control infections in order to improve the safety and quality of services.
- 5.10. Some day surgery theatre nurses, who were members of the Unite union, were currently taking strike action in relation to a later finish time of 9pm, on some shifts, to accommodate more patients which had been introduced following full consultation. It was hoped that the dispute would be resolved as soon as possible. Junior doctors had also recently staged their latest round of strikes as part of their ongoing dispute over pay, and the Trust awaited further detail about the agreement that had now been reached with the government.
- 5.11. Clinical Group Chief Executives acknowledged that the Trust was operating in difficult times and continued to face many challenges outside of its control. A huge amount of effort was being made to return to operational normality, and the Trust remained committed to treating as many patients as was safely possible. In addition to the cyber-attack against Synnovis, there was currently a shortage of blood supply, and the Trust continued to support NHS Blood and Transplant, which manages the distribution of blood across the NHS, in its appeal for more blood donors. A number of 'What's your blood type?' events had been arranged, across Trust sites, as an opportunity for staff to enrol as blood donors.
- 5.12. Since the last public Board meeting, the Trust had reported a surplus of £1.9m for the 2023/24 financial year; this was better than the planned breakeven outturn, and the Trust remained within its capital expenditure allocation limit. The Board recorded its thanks to all staff for their efforts in helping deliver this positive outcome. A challenging break-even plan had been submitted for 2024/25, with good progress being made towards identifying the cost savings necessary to achieve this position. Although the Trust was behind plan at the end of quarter one, there was confidence that this would be remedied. The Trust's cash position was being managed closely.
- 5.13. The Board recorded its thanks to the Chief Financial Officer and his finance teams for their efforts towards achieving a positive financial outcome for 2023/24. The Trust would continue to focus on efficiency delivery and on performance recovery for the remainder of the year in order, working closely with NHS England, to meet its financial plan, recognising the additional pressures being encountered due to industrial action, the Synnovis cyber-attack and other factors.
- 5.14. The Trust was committed to maintaining a transparent culture, and continued to develop initiatives to improve the overall response rate to the NHS staff survey and to address the findings of the 2023 survey. There had been several events over recent months aimed at celebrating equality and diversity, and the efforts being made to help transform the Trust into a more inclusive workplace were recognised. The Trust looked forward to welcoming Crystal Akass as the new Chief People Officer,

and the Chief Executive thanked her predecessor, Julie Scream, for her considerable contribution over the past few years.

- 5.15. Per the Chair's report, the Trust was in the final stages of developing its new organisational strategy and values, looking ahead to 2030. The Trust was committed to delivering high quality care to patients, despite the scale of the challenges facing the NHS including rising demand, increasing acuity, and pressure on workforce and finance. Professor Graham Lord had been appointed as the Chief Academic Officer, a non-executive director role on the Board of Directors at both the Trust and King's College Hospital NHS Foundation Trust, and the Board looked forward to working with him particularly on translational medicine.
- 5.16. This was the last public Board of Directors meeting before Beverley Bryant stepped down from her role as Chief Digital Information Officer of both Guy's and St Thomas' and King's College Hospital NHS Foundation Trust. The Chair and Chief Executive thanked her for her contribution, particularly towards the successful delivery of the Epic electronic health record system and MyChart.

6. Synnovis critical IT incident update

- 6.1. The Board received an update on the Trust's immediate response upon being notified of the cyber-attack against Synnovis on 3 June 2024, which had included disconnecting from all Synnovis servers to safeguard the Trust's systems and data. The Trust was now working closely with Synnovis towards the restoration of its systems, recognising that a full rebuild of its digital environment was required. The recent global IT outage had also had a small impact on recovery.
- 6.2. Following the cyber-attack there had been a renewed focus on reviewing the resilience of the Trust's cyber security arrangements, as well as the cyber security arrangements of its critical suppliers, to mitigate against such a significant impact should an attack reoccur. An in-depth analysis of the cyber security arrangements was now being conducted, and it was recognised that ransomware attacks on healthcare systems were a global issue.
- 6.3. The cyber-attack was a very significant incident as reflected by NHS England classifying it as a level 3 critical incident at a regional level due to the scale of the impact and the need for mutual aid, whilst the National Cyber Security Centre was also involved, looking at causation and prevention.
- 6.4. The Trust had reverted to paper-based processes to ensure urgent and emergency care, and as much elective activity as was safely possible, could continue to be delivered. Phased returns back to electronic processes were now being implemented, although blood transfusion remained challenging. The national shortage of blood stock had presented additional challenges, and the Trust was taking the necessary steps to manage current supply and to appeal for blood donors.

7. Children and Young People's Gender Service update

- 7.1. The South Hub of the new Children and Young People's Gender Service had launched as planned in April 2024, with safe transfer of all 127 children and young people from the Tavistock and Portman NHS Foundation Trust. Introductory meetings had now been held with all of these patients and their families or carers, to check how they were and to understand their expectations. Feedback received to date from these individuals had been largely positive feedback about the new service.
- 7.2. The service was building its workforce, and had been recruiting since November 2023. This was taking some time as there were known shortages in the required roles, but it was expected that the service would have the majority of staff in place by September 2024. Progress was also being made towards securing a permanent location for the service. Children and young people attending the London regional centre were being seen in temporary accommodation while the team ensured the right long-term facility was secured.

7.3. The Child and Adolescent Mental Health Services had been providing necessary support. The team was also working closely with the Northern Hub, having regular meetings and workshops, and sharing lessons learned. The Board welcomed the update on the progress of the service during its first quarter of operation, recording its thanks to the Chief Executive of the Evelina London Women and Children's Clinical Group and her team for their hard work in delivering the service envisioned.

8. Updates from chairs of Board committees

8.1. The non-executive chairs of the committees of the Trust Board summarised the key areas of discussion, the key risks noted and the decisions made in the committee meetings held since the last public Board meeting on 24 April 2024.

9. Reports from Board committees for noting

9.1. The Board noted the minutes from the committee meetings held since the last public Board meeting.

10. Register of documents signed under seal

10.1. The Board noted the record of documents signed under the Trust Seal.

11. Any other business

11.1. The next public meeting of the Board of Directors would be held on 23 October 2024.

DRAFT

Burnett, Ria
17/10/2024 16:52:21

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 23 OCTOBER 2024**

Title:	Chief Executive's Board of Directors Report
Responsible executive:	Professor Ian Abbs, Chief Executive Officer
Paper author:	Edward Bradshaw, Director of Corporate Governance and Trust Secretary
Purpose of paper:	Chief Executive's report to the Board of Directors
Main strategic priority:	All Trust strategic priorities
Relevant BAF risk:	<ul style="list-style-type: none"> All BAF risks
Key issues summary:	<ul style="list-style-type: none"> The primary focus of this report is to provide the Board of Directors with an update on operational delivery across the Trust including urgent and emergency care pressures and progress on tackling the backlog of elective care. The Board will receive an update on overall Trust performance, including quality, access and finance as well as key updates from our clinical and delivery groups. The report also includes updates on major and strategic programmes of work, where significant achievements have been made since the July 2024 Board meeting.
Paper previously presented at:	<ul style="list-style-type: none"> The content of this report has largely been discussed in other forums, including Board committees, but has been amalgamated for the first time in this report.
Recommendation(s):	<p>The BOARD is asked to:</p> <ol style="list-style-type: none"> Note the report.

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 23 OCTOBER 2024

1. Introduction

- 1.1. This report outlines the main developments since the last public Board meeting on 31 July 2024 that I wish to bring to the attention of the Board of Directors. The report also highlights the latest quality, safety, access and financial performance of Guy's and St Thomas' NHS Foundation Trust and how the Trust is working hard to maintain operational performance and deliver a strong financial position, whilst addressing the increasing demand for many of our services.

2. Board changes

- 2.1. Since the previous public Board meeting, I am pleased to welcome two new members of the Board of Directors:
- Crystal Akass joined us on 6 August as the new Chief People Officer. Crystal's previous role was as Chief People Officer of the Royal Free London NHS Foundation Trust, and her skills and experience, both in the NHS and wider public services, will be vital as we continue to develop and support our diverse and talented workforce.
 - Professor Graham Lord joined us on 1 September as the non-executive director nominated by King's College London. Graham is Senior Vice President (Health & Life Sciences) and executive director of King's Health Partners, and Chief Academic Officer, a non-executive director role on the boards of directors at both Guy's and St Thomas' and King's College Hospital NHS foundation trusts.

3. New Trust strategy and values

- 3.1. Last month the Trust published our new Trust strategy to 2030, which is the first joint strategy since the merger with Royal Brompton and Harefield NHS Foundation Trust and the introduction of the new Trust operating model. During its development we engaged with 750 patients, members of local communities, our governors, partners and 700 staff through a range of methods such as patient and staff surveys, in-person stalls and drop-in events, online sessions, group and individual discussions and interviews, and all-staff briefings.
- 3.2. Our strategy sets out our core purpose to 'deliver excellent healthcare and improve wellbeing as a local, national and international leader in clinical care, education, research and innovation' and ultimately to deliver better, faster, fairer healthcare for all. The strategy provides a north

star for the organisation over the next five years and is based on five priorities:

1. Delivering healthcare excellence
2. Improving the health of our populations
3. Valuing all of our people
4. Innovating for a better future
5. Modernising our infrastructure.

- 3.3. To support these priorities our four clinical groups and Essentia delivery group have all published their own strategies that underpin and support delivery of the Trust strategy and we are working to put these aspirations into action. We have started working with teams across the organisation to develop an implementation roadmap to deliver our strategy. This will help us to identify how we will achieve our strategic priorities within the challenging operational and financial climate.
- 3.4. Alongside the new strategy we have also published one set of new Trust values for the whole organisation which are essential to who we are:
 - Caring – we put patients first
 - Ambitious – we innovate and strive for excellence
 - Inclusive – we respect each other and work collaboratively.
- 3.5. These values were developed through wide engagement with nearly 1,800 staff participants across all our care locations, all clinical and delivery groups, as well as patient members and governors and methods of engagement included workshops, surveys, online activities and conversations. These values will guide our decisions and behaviours, particularly in times of uncertainty and challenge. To embed these values within our teams a new behaviours framework is being developed and consideration of how we demonstrate this everyday will be incorporated into the new performance and development review process being launched later this year.
- 3.6. To promote our new strategy and values, over the last month colleagues from our strategy, organisational development and senior leadership teams have been sharing information at a series of stalls across the organisation. Senior leaders are also promoting the ‘Big conversation’ within regular team meetings to provide time to discuss what the priorities mean for local teams and how everyone can contribute to achieving the Trust purpose over the next five years.
- 3.7. Since our strategy launch Lord Darzi has published the findings of his investigation into the NHS in England. The report provides a helpful diagnosis of the issues affecting performance across the NHS and a summary of the key challenges facing the healthcare system which are reflected in our own strategy. We welcome the implications of the report for the upcoming ten-year plan, particularly the focus on the role that technology can play and the need to embrace the potential of artificial intelligence in healthcare and life sciences that are considered in our

priority of 'innovating for a better future'. We believe that the Trust, through its new strategy and values, can play an important part in supporting achievement of the ambitions of the ten-year plan.

4. Synnovis cyber-attack

- 4.1. At the last public Board meeting I reported that, on 3 June 2024, a criminal cyber-attack had been perpetrated against Synnovis, the provider of the Trust's pathology services, which caused an extremely high degree of operational disruption for the Trust and its partners in south east London. I am delighted to advise the Board that all pathology services have now been restored; this is the result of a phenomenal effort from colleagues across the Trust, Synnovis, and in our many partner organisations who have been working relentlessly to get us to this position.
- 4.2. During the recovery Trust staff have also been working hard to ensure that we were able to continue treating as many patients as possible, including prioritising those who need care most urgently. Despite the best efforts of our clinical and administrative staff, a significant number of both inpatient and outpatient appointments were regrettably cancelled, and elective activity has not yet returned to the levels being delivered before June. It is probable that the Trust will continue to experience the implications of the cyber-attack for some time yet. The Trust has fully investigated the instances of patient harm caused by the cyber-attack and discharged its responsibilities in relation to duty of candour. All such incidents of harm have also been reported to the Integrated Care Board.
- 4.3. I do not underestimate how challenging the past few months have been, and I would like to place on the record my sincere thanks to everyone involved for their patience, flexibility and commitment during this period, including our partners across the health sector who have provided mutual aid, help and support. Our staff have gone above and beyond to limit the impact on patients in very challenging circumstances.

5. Delivering healthcare across the Trust: activity, quality and performance

- 5.1. A comprehensive activity and performance overview report is included in the Board's paper pack for this meeting which sets out how we are performing against the plans we have agreed with NHS England and against national standards more broadly.
- 5.2. Activity: Whilst we continue to prioritise the recovery of elective activity, the repeated challenges the Trust has faced, including ongoing periods of industrial action, stabilising data production following the implementation of Epic, and more recently the Synnovis cyber-attack, have meant that we remain slightly behind the plan agreed with NHS England.
- 5.3. Operational performance: As part of the 2024/25 operational plan the Trust committed to treating all patients waiting longer than 65 weeks for

their treatment by September 2024.¹ The Trust, however, is behind plan in this area; revised trajectories have been agreed with each clinical group committing to reaching zero 65-week patients by the end of December (excluding complex paediatric spinal surgery) with financial investment being made to support the actions required to achieve this position.

- 5.4. The Trust's performance against the cancer Faster Diagnosis Standard remains strong and we are confident this can be maintained throughout the year. The 62-day cancer performance was above the agreed operational planning trajectory in August 2024, but sustainable delivery is more challenging given the complexities of the Trust serving as a major tertiary centre for referrals in south east England.
- 5.5. A&E four-hour all type performance for August was 74.8% against the national target of 78%. Workstreams to improve admission avoidance, improve flow and discharge have been identifying and implementing programmes of work, with additional resources such as the Same Day Surgery Clinic and Winter Ward being funded through the Trust's winter pressures budget. We recognise, however, that patients are still waiting too long for access to diagnostic procedures. The Trust has an established diagnostic recovery programme and a key objective for this programme during the autumn is to eliminate waits of over 13 weeks.
- 5.6. Epic: There remain a number of reporting issues linked to the implementation of the Epic electronic health record system. The Trust informatics team continue to work hard to resolve these issues, and the work is being overseen by the Epic Stabilisation Board.
- 5.7. NHS Oversight Framework: Earlier this month NHS England informed the Trust that it had been moved from segment 2 to segment 3 of the Framework as a result of its operational performance in specific areas. The Trust will have additional support from NHS England to help it address these issues as promptly as possible. The Board should note that the Trust continues to perform well against the trajectories set by NHS England in the tiering programmes of which it is currently part.
- 5.8. Industrial Action: The Trust is delighted that the British Medical Association's junior doctor members have voted in favour of the Government's pay offer and do not plan further industrial action. This ends the regular rounds of industrial action that have taken place since early 2023. However, the Trust recognises that other staffing groups remain unhappy with their pay and working conditions, and we will continue to take all reasonable steps to engage with staff and their trade unions to resolve these issues whilst remaining focused on the needs of our patients.
- 5.9. Quality of Care: The ongoing provision of safe, high-quality care to our patients continues to be the Trust's overriding priority. In the past three months the Trust has regrettably reported four 'never events' which are being investigated in line with the new Patient Safety Incident Response Framework (PSIRF). NHS England are currently completing a national consultation on never events, with which the Trust is engaging. The Trust continues to track quality assurance metrics closely; there has been an increase in formal complaints and a growing

¹ With the exception of complex paediatric spinal surgery where the Trust and NHS England agreed patients would be cleared by March 2025.

backlog of overdue cases, alongside a rise in re-opened complaints. To address these challenges, changes to the process for handling standard complaints are being implemented to expedite resolution and reduce the backlog, including more developed processes for approval.

- 5.10. Patient Experience: Overall patient experience remains positive, with Friends and Family Test (FFT) scores of 93% or higher in all areas of care with the exception of the Emergency Department (ED). The ED score has improved since April, as have responses for most areas of care. Over the summer the Trust received results of its performance in the 2023 National Adult Inpatient Survey and the 2023 National Cancer Patient Experience (NCPE) survey. Performance in the inpatient survey was strong, with areas such as communication, emotional support, involvement in care and dignity and respect rated positively by patients. The NCPE survey highlighted a number of areas for improvement, including information and communication, administrative processes, whole team working and overall experience. Colleagues are reviewing results and are working collaboratively within the Trust and with local clinical networks to identify priorities for improvement. The Patient Advice and Liaison Service (PALS) has been extremely challenged, receiving both a high volume of contacts for both the PALS service and the new MyChart Patient Helpdesk. Communication issues and inability to contact services continued to be a persistent issue across the Trust, with 90% of patient concerns related to communication.
- 5.11. Bacillus cereus: The Board will have read media reports about two babies who sadly died at St Thomas' Hospital in separate incidents in January and June 2014. The babies had *Bacillus cereus*, a bacterium which was connected to the Total Parenteral Nutrition they received while in the Trust's neonatal intensive care unit. The Trust recognises that the lengthy inquest process into these deaths will have been difficult for both the families and staff involved, and sincerely hopes that the open and honest evidence given by all provided assistance to the coroner, who is expected to present their conclusion later this month.
- 5.12. Patient transport services: On 27 August we received notification from SVL Healthcare Ventures, our patient transport service provider, informing us that it was discontinuing its services from the following day. Subsequently, it was announced that the company had gone into administration. The Trust immediately enacted its business continuity procedures to establish an interim solution which has enabled the vast majority of services to continue. Meanwhile, the Trust is continuing to work through both short- and medium-term mitigations to resolve this issue. This situation has placed considerable pressure on the Trust, and our teams are working closely with King's College Hospital NHS Foundation Trust – which was also part of the service arrangement with SVL – to establish a longer-term solution.
- 5.13. Infected Blood Inquiry: The Report was published in May 2024 and many of the recommendations relate to changes that need to be made at a national level, but there are two that apply directly to the Trust: recommendation 6, to monitor liver damage for people who were infected with Hepatitis C, and recommendation 10, to give patients a voice. Progress is being made with both of these, and oversight of the implementation is being led by the Quality and Performance Board Committee.

6. Sustaining and improving the Trust's financial performance

6.1. The Trust's annual plan for 2024/25 is to break even. To the end of August 2024 (month 5) the Trust delivered a deficit of £38.4m against the planned £7.0m deficit. The variance reflects the challenges the Trust is experiencing as a result of operational pressures, including the cyber-attack on Synnovis. The Trust remains committed to delivering its ambitious cost improvement programme (CIP), and at month 5 the Trust had achieved the majority the £24.1m planned savings to date. Work is ongoing to assess the impact of further CIP opportunities across a range of areas. A robust quality impact assessment process, overseen by the Chief Medical Officer and Chief Nurse, remains in place to ensure the cost improvements do not impair the quality of care the Trust provides. The cash balance at the end of August was £65.7m. The Trust's full-year capital programme has been set at £97.5m; whilst year to date expenditure of £12.8m is below the phased plan of £25.3m, the Trust anticipates meeting its planned expenditure in full.

7. Supporting our workforce

- 7.1. NHS staff survey: The NHS staff survey opened in late September and we are promoting this heavily to increase the response rate, which has decreased in recent years. We are continuing to implement the action plan developed in response to the 2023 staff survey feedback to help drive short and long-term change initiatives at an organisational level. This action plan provides direction, insight and guidance for the creation of local action plans across the clinical and delivery groups and corporate functions.
- 7.2. Societal unrest: Not long after our last public Board meeting we witnessed significant racist and violent unrest across the country. Whilst, thankfully, the situation has eased, there remains an unwelcome undercurrent of fear and anxiety which I know affects many of our staff, patients and local communities. There is no place for racism, Islamophobia, anti-Semitism, or hatred and discrimination of any kind at the Trust. While we cannot control events outside of our organisation, we all have a duty to our colleagues and patients to make everyone feel as safe and welcome as possible. No person at Guy's and St Thomas' should ever feel unwelcome as a result of the colour of their skin, their culture or religion, or what country they come from.
- 7.3. Celebrating equality, diversity and inclusion across the organisation: The Trust marked National Inclusion Week 2024 in September by holding a wide range of events, both online and in person, covering topics including reverse mentoring, neurodiversity, women's leadership and widening participation. This year's theme was 'Impact Matters' and was a great opportunity for the Trust to focus on understanding, identifying and measuring impact on marginalised groups, and identifying the blockers and opportunities for making genuine, sustainable change.

8. Other news

- 8.1. The annual St Thomas' Abseil took place in September where around 330 participants, including 50 members of staff, abseiled down 14 floors of the North Wing to help raise vital funds for three charities supporting the Trust. Sponsored by Livingbridge, the money raised (currently around £190,000) will be shared between Guy's and St Thomas' Charity, Guy's Cancer Charity, and Evelina London Children's Charity and will help the Trust's hospitals go above and beyond what the NHS can provide.
- 8.2. The Trust is excited to announce that it plans to trial an initiative to increase the speed of transportation of urgent blood samples by electric drones between Guy's Hospital and St Thomas' Hospital. This aims to improve patient care by speeding up turnaround times; transporting the blood can take more than half an hour by road but takes less than two minutes by drone. This enables quicker analysis, helping to efficiently determine whether patients are safe to undergo surgery or be discharged. The trial, which is expected to start early next month, will deliver blood samples for patients undergoing surgery who are at high risk of complications from bleeding disorders.
- 8.3. Last month the Trust's Children's Day Treatment Centre at the Evelina London Children's Hospital was visited by an accreditation team from NHS England's national 'Getting it right first time' (GIRFT) programme. The programme is designed to improve the treatment and care of patients through in-depth review of services, benchmarking, and presenting a data-driven evidence base to support change. The Day Treatment Centre was the first dedicated paediatric unit to be assessed by GIRFT and feedback on the day was extremely positive about the team, ways of working, patient pathways, and achievements to date. The GIRFT team is due to report back in November 2024.

9. Consultant Appointments from 1 July 2024 – 30 September 2024

9.1. The Board is asked to note the following Consultant appointments made since the last report:

Name of post	Appointee	Post Type	Start date
Consultant in Paed Anaesthetics	Alok Singh Chauhan	Newly Created Post	01 September 2024
Consultant in Orthodontics	HyunBaek Ahn	Newly Created Post	09 November 2024
Consultant in Cardiology	Satpal Singh Arri	Newly Created Post	02 December 2024
Consultant in Obstetric and Gynaecology	Ahmed Tarek Abdelbar	Vacancy	06 January 2025
Consultant in Adult and Paediatric Cardiothoracic Anaesthesia	Ayman Sanhoury Mabrouk	Newly Created Post	TBC
Consultant in Adult Inherited Metabolic Diseases	Raphael Buttigieg	Vacancy	01 February 2025
Consultant in Gastroenterology in Intestinal Failure and Nutrition	Alexandra Zissimopoulos	Newly Created Post	23 September 2024
Consultant in Urology	Kamran Haq	Newly Created Post	24 November 2024
Consultant in Clinical Oncology (with an interest Skin Lymphoma and Prostate oncology)	Van Sim	Newly Created Post	TBC

Consultant in Critical Care Medicine	David Gilbert Edward Ransley	Newly Created Post	TBC
Consultant In Hepatology & General Medicine	Matthew James Long	Newly Created Post	01 October 2024
Consultant in Lung Cancer and Interventional Respiratory Medicine	Victoria Margaret Taylor	Vacancy	11 November 2024
Consultant in Lung Cancer and Interventional Respiratory Medicine	Poppy Anne Margaret Denniston	Vacancy	06 January 2025
Consultant in Neurodevelopmental Paediatrics	Sarah Catherine Aldridge	Vacancy	01 October 2024
Consultant in Cardiology – Valvular Heart Disease and Intervention	Saib Salem Khogali	Newly Created Post	04 November 2024
Consultant in Adult Congenital Heart Disease	Sara Angela Thorne	Newly Created Post	01 February 2025
Medical Examiner	Deen Mohammad Mirza	Newly Created Post	01 October 2024
Medical Examiner	Billy Cheung	Newly Created Post	09 September 2024
Medical Examiner	Katharine Silverstone	Newly Created Post	18 September 2024
Medical Examiner	TiJesunimi Afolabi	Newly Created Post	09 September 2024
Medical Examiner	Shumona Mahzabin Rahman	Newly Created Post	09 September 2024

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**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 23 OCTOBER 2024**

Title:	Epic, achievements and benefits 1 year post implementation
Responsible executive:	Jon Findlay, Chief Operating Officer
Paper author:	India Brummitt, Apollo Site Director & Cormac Breen, Chief Clinical Information Officer (CCIO)
Purpose of paper:	To provide an update on Epic one year post implementation
Trust 24/25 objective:	Deliver the benefits of Epic, including the MyChart patient portal
Strategic priority:	Modernising our infrastructure
Relevant BAF risk(s):	Principal risk 10: The Trust may not fully realise the opportunities to transform ways of working based on the Epic EHR implementation, and may not deliver the benefits set out in the business case
Key issues summary:	<ul style="list-style-type: none"> • Updates on achievements made since Epic implementation • Share patient perspective on improved patient experience using MyChart • Share a clinical perspective on what we can do now, that we couldn't with prior to Epic
Paper previously presented at:	<ul style="list-style-type: none"> • Epic Joint Stabilisation Board
Recommendation(s):	The BOARD is asked to note the progress and achievements one year post implementation of Epic.

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Epic, achievements and benefits 1 year post implementation

Jon Findlay, Chief Operating Officer

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Achievements

- World's largest Epic go-live delivered successfully through close partnership working with King's College Hospital NHS Foundation Trust and Synnovis
- 49,847 staff have logged into Epic
- 584,345 new patients registered since Go-Live
- 4.5 million clinic appointments attended
- 32 million orders have been placed
- 1.6 million letters sent electronically to GPs
- Thrive training launched to help staff personalise and optimise their Epic experience

- 400,000 patients signed up
- 2.1 million test results sent to patients
- 1.1 million patient letters sent
- 520,000 pre-appointment information forms completed
- 37,000 appointments saved as the DNA rate for patients using MyChart is 3.9% rather than 13%



Data combined from Guy's and St. Thomas' NHS Foundation Trust and King's College Hospital NHS Foundation Trust.

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What we can now do that we couldn't do before

- One system allows improved visibility of patient records across specialities, services and different levels of care i.e. wards vs ICU enhancing holistic patient care
- A live view of all our inpatients across all our sites, utilising electronic transfers in and out of the hospital
- Integration with the local care record means that primary care colleagues have improved access to the patient record
- Care Everywhere allows the exchange of patient records between other live Epic sites, in our first year we have exchanged c. 444,000 records with ULCH and c. 350,000 with GOSH & The Marsden
- Mobile working has improved both in the community and acute settings with the use of rover devices and the Haiku app for personal devices

MyChart is our patient portal which is accessed via a smart phone or a computer. Over 400,000 patients have already signed up to MyChart and it allows patients to have increased visibility of their appointments and letters & empowers them by having visibility of results via results release



Patient perspective

Michaela Cashman

- **My story and journey → complex pathway, multiple services**
- **The benefits of MyChart for digitally engaged patient:**
 - Able to understand results that were out of range
 - Didn't feel like was in a 'black hole' between appointments
 - Educated myself about my results so in appointment I could ask more detail
 - Pre-empt how I would find out bad news
 - Busy work and personal life → so as soon as appointments were booked, able to read about what I needed to be ready and also move life around to accommodate
 - Letters were ready very quickly so could send to loved ones to keep them informed



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Our Epic journey so far...

1 year later

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Combined data from Guy's and St Thomas' and King's College Hospital NHS Foundation Trusts

We have exchanged over

790k

patient records with other hospitals using Care Everywhere



32m

lab orders have been made, containing over 131 million components

7.4m

patients are now registered on our Epic system



Over

270k

letters have been sent electronically to In Basket (Epic's communication hub)





400k

patients have signed up to MyChart and now see their healthcare information in one place

37k

appointments have been saved because the DNA rate for patients using MyChart is 3.9% rather than 13% without

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 23 OCTOBER 2024**

Title:	Guardian of Safe Working Report
Responsible executive:	Simon Steddon, Chief Medical Officer
Paper author:	Dorothy Kufeji, Guardian of Safe Working
Purpose of paper:	The paper seeks to update on the Board on the key programmes of work led by the Guardian of Safe Working. Those programmes of work include: Exception Reporting (to mark any variation from planning work hours or training opportunities in a resident doctors' work schedule), Enhancing the Working Lives of Doctors in Training (an overarching programme of work that oversees delivery against our set priorities in this context and drives improvement forward), Equality and Inclusion of Locally Employed Doctors and International Medical Graduates, Sexual Safety in the workplace and, where necessary, targeted support for individual resident doctors, teams or clinical services in difficulty.
Trust 24/25 objective:	Support, develop and empower our staff, building an inclusive culture - specific focus on anti-racism
Strategic priority:	Valuing all of our people
Relevant BAF risk(s):	<ul style="list-style-type: none"> • <i>Risk 5:</i> The Trust may be unable to ensure the resilience of its workforce by failing to maintain staff health & wellbeing, which could undermine the Trust's ability to deliver services
Key issues summary:	<ul style="list-style-type: none"> • There has been an overall decrease in the number of Exception Reports received during this reporting period (49%). Of the reports submitted, 40% have so far been resolved and closed. A total of 9 fines were also imposed. • Significant progress has been made towards meeting the '<i>actions for providers</i>' that NHSE set through their commitment to Improving the working lives of doctors in training. The Office of the CMO was a proactive contributor to the early national discussions that helped to shape those actions.

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	<ul style="list-style-type: none"> • The Guardian remains focused on ensuring equity and inclusion for all Locally Employed Doctors and International Medical Graduates, enhancing the Trusts' reputation as an employer of choice for this important community of doctors. • The Guardian continues to provide co-leadership to the work of the Sexual Safety Group, including the promotion of the NHSE Sexual Safety Charter and the establishment of a clear framework for overseeing sexual safety initiatives. • Following the BMA's survey and successful vote by its members, the Trust is adopting the term "resident doctors" to replace "junior doctors".
<p>Paper previously presented at:</p>	<p>N/A</p>
<p>Recommendation(s):</p>	<p>The BOARD is asked to:</p> <ul style="list-style-type: none"> • Note the ongoing and emerging programme(s) of work led by Guardian of Safe Working and Office of the Chief Medical Officer, both the statutory aspects and commitments to drive sustainable change and improvements for our community of resident doctors.

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GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 23 OCTOBER 2024

1. Introduction

- 1.1. This report seeks to provide assurance to the Board of Directors about implementation of the 2016 Junior Doctor contract and our monitoring of compliance with safer working hours. This pertains to the 1827 doctors in training; 985 HEE trainees and 842 Locally Employed Doctors (LEDs) and International Medical Graduates (IMGs).
- 1.2. The Guardian works closely with the senior clinical leadership teams across the Clinical Groups to address pertinent issues affecting the experience, morale and well-being of resident doctors including LEDs at GSTT.
- 1.3. The Guardian reports on new and on-going initiatives that have been implemented to improve the quality of working lives of all non-consultant grade doctors at GSTT; thereby improving training and overall experience.

2. Background

- 2.1. The Junior Doctor contract was negotiated between NHS Employers, DHSC and the BMA. Negotiations began in 2016 and were finalised in 2019 after a ballot of all junior doctors. Since February 2020 there has been a requirement for trusts to adopt the terms and conditions of the 2019 Framework Agreement. Compliance monitoring is achieved via Exception Reports (ERs) submitted on a national electronic database (Doctors Rostering System, DRS4), which affords doctors in training the opportunity to report concerns in or close to real time which are monitored by the Guardian.
- 2.2. The Guardian is authorised to levy a fine when there are specific, well defined instances of breach in working time regulation. These conditions were extended following a review of the Junior Doctors contract in contract in 2019 and in 2023.
- 2.3. The Post Graduate Doctors Steering Group was formed to oversee this work and continues to proactively seek to enhance the working lives of resident doctors and to help ensure they are valued and empowered to do the job to the standard they aspire to. GSTT is proud to be one of the first Trusts' in the country to extend access to the Guardian of Safe Working to all resident doctors, including LEDs & IMGs. This initiative ensures that all doctors, regardless of their contract type or background, have a dedicated avenue to report concerns about working


hours, well being and patient safety. By offering equal access to the Guardian, GSTT is leading the way in promoting a more inclusive and supportive working environment, aligning with its commitment to equity and diversity, and the fair treatment of all healthcare professionals.

2.4. As part of the recent settlement with junior doctors we are adopting the term 'resident doctors' to replace 'junior doctors'. This shift aligns with contemporary practices in many healthcare systems and reflects our commitment to supporting and valuing all members of our medical staff.

3. Exception Reporting

3.1. Exception reporting plays an important role in maintaining quality and safety within healthcare settings, providing real-time insights into issues affecting working conditions, patient safety, and staff wellbeing of resident doctors. By analysing trends in exception reports we have been able to identify and address systematic challenges such as rota gaps, excessive workloads, and insufficient supervision leading to targeted interventions. This approach complements the annual GMC survey, which saw significant improvements this year, reflecting the positive impact of these initiatives. Together, exception reporting and the GMC survey offer a comprehensive feedback mechanism, allowing data driven changes that enhance both the training environment and patient care.

3.2. Number of Exception Reports (ER) received during Q2 2024/25 compared to the same period last year.

2023/4	Q2 (Jul – Sep 2023/24)
Number of ERs received	318
2024/5	Q2 (Jul – Sep 2024/25)
Number of ERs received	156
Variance	49% 

3.3. There has been a decrease in the number of ERs received during the period of this report. During this period (Q2) a total of 156 ERs were raised by HEE trainees and locally employed doctors; compared to 318 received during the same period in 2023/4. This is an overall decrease of 49%.

3.4. High levels of exception reporting typically indicate systemic issues and there are several reasons that can be attributed to the reduction in reports received during this period.

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- Improving compliance with the junior doctor contract is essential for reducing exception reporting. It is acknowledged that targeted interventions and thematic issues raised by ERs has a positive impact on the numbers and types of ERs resulting in overall improved experience of resident doctors, as shown in current the GMC national survey results for the Trust
- Dedicated medical workforce operational teams and compliance teams to deal with queries and improve on-boarding for resident doctors when they join the Trust
- Improved response times to issues raised, improved checking of payroll input by team leaders to reduce errors
- Medical Workforce Team present at the Resident Doctor Forum to hear about issues directly from resident doctors and improved engagement with the Guardian of Safe Working, Medical Education Team and flexible working lead
- Improved compliance with providing work schedules and offer letters (eight weeks ahead of rotation day)
- Guardian of safe working drop-in sessions and bespoke presentation to departments and specialties across the Trust

3.5. Further improvements are planned including a programme of work to improve rota management, monitoring and reporting of pay errors, establishing local service level agreements with clear timelines for addressing individual pay errors and a review of communications regarding pay and payroll processes.

3.6. Exception Report outcomes

3.7. 40% (62) of the ERs received during the period of this report have been resolved and closed. Resolutions included payment of 22% (35) cases and time off in lieu awarded for 13% (21) cases.

3.8. The Guardian’s team continue to undertake work to chase up payments for ERs due to delays in finance department processing. It is important to note that some services offer payment if acceptable to the trainee in order to limit rota gaps. Only 4% (6) of the ERs received required no action; which highlights how valuable the exception reporting process is to ensure our doctors in training are compensated appropriately and to identify the reasons why they are working beyond contractual hours, to support improvement in their working lives and training standards.

3.9. Fines and breaches

3.10. A total of 9 fines were imposed during the period of this report. The breaches resulting in fines were in 2 categories only namely:

1. doctors unable to achieve minimum continuous rest of 5 hours between 22:00 and 07:00 during a non-resident on-call (NROC)
2. doctors unable to achieve a minimum 8 hours total rest per 24-hour NROC shift

3.11. This is often in specialties with high patient numbers. The Guardian team is working closely with senior clinicians across the Trust to address this issue.

3.12. **Exception Reporting Fines**

3.13. Cost of ER fines, Q2 2024/25

Month	GOSW Fines	Department Fines
Jul-24	£4,090	£2,453
Aug-24	£0	£0
Sep-24	£2,303	£1,381
Total	£6,393	£3,836

3.14. During the period of this report there were £6,393 of Guardian fines and circa £3,836 of departments fines.

3.13. Work has continued during the period of this report to highlight the exception reporting process to resident doctors. The revenue levied through fines is managed robustly and efficiently through the Resident Doctors Forum. These include items to enhance the Resident Doctors mess across all sites, development of a discretionary study leave fund to fund courses for post graduate doctors who are not currently funded within the current framework and wellbeing vouchers prizes for the non-consultant grade.

4. Specific support to services

4.1. Although monitoring by ERs is the standard, the Guardian of Safe Working and their team continue to go above and beyond to ensure that resident doctors are receiving the necessary support to enable them to work safely and in accordance with their contracts of employment. One example is through protected listening exercises (both individual and group). Concerns raised confidentially with the Guardian of Safe Working are always followed-up and actioned as appropriate. In addition to this, the Guardian and their team have devised special engagement sessions with colleagues to help them understand the importance of exception reporting and how to manage ERs and system-wide problems that are highlighted. These focussed consultant sessions have been well-received and are on-going.

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5. Enhancing the working lives of doctors in training

- 5.1 This May, NHS England wrote to all Trusts highlighting its key strategic priority, as made clear in the NHS Long-term Work Plan, NHS Priorities and Operational Planning Guidance, to improve the working lives of NHS staff, and detailed some actions employers can take now to improve the working lives of doctors in training.
- 5.2 Guy's and St Thomas' was one of a small number of Trusts' who contributed strongly to the development of priorities. During a set of roundtable discussions, we took the opportunity to describe the evolution of the Guardian role locally since its inception and importantly, the organisational impact this had had for our trainees and wider community of non-consultant grade doctors. Our holistic model was considered an exemplar, with aspects of the Trusts' approach clearly reflected in the expected standards that NHSE have set for all Trusts alike.
- 5.3. The suite of actions aims to address the key challenges and stressors faced by resident doctors, and includes increasing choice and flexibility through better rota management and deployment, reducing duplicative inductions and pay errors through streamlining of HR support and a focus on creating a sense of belonging. Work continues to recognise our existing best practices and identify areas where we can make improvements. This work is led by the Guardian of Safe Working and Director of Medical Education and will be monitored through the Post Graduate Doctors Steering Group through a robust improvement plan with supporting evidence. During the period of this report an update on progress against some of the key actions was submitted to NHSE. The Guardian was pleased to report significant progress noting that regular monitoring and collaborative working continues to ensure objectives remain on track.

6. Advancing Equity and Inclusion of Locally Employed Doctors (LEDs) and International Medical Graduates (IMGs)

- 6.1. The Trust has made significant strides in enhancing equity and inclusion for LEDs and IMGs. Tailored induction programmes designed specifically for these doctors have been refreshed and implemented, focusing on familiarising new staff with the local healthcare environment, key policies, and cultural competencies essential for effective integration into our teams. Feedback from participants has been overwhelmingly positive, highlighting the programs' role in easing the transition and enhancing confidence.
- 6.2. A working group is consolidating existing resources and developing new materials tailored for LEDs and IMGs with the aim of embedding a cohesive approach to supporting these groups and addressing their unique challenges.
- 6.3. The Guardian has hosted several networking events, both virtual and in-person, allowing LEDs and IMGs to connect with peers and mentors. These gatherings have facilitated knowledge exchange, to support the establishment of supportive professional relationships.

- 6.4. The Guardian plans to establish a dedicated space on the Trust Intranet for LEDs and IMGs to provide them with essential information and resources in preparation for their commencement at the Trust. This space will be resource-rich, and user-friendly, regularly reviewed to ensure it remains current and relevant. The dedicated pages will include key information about the induction process, support services, and guidance on living and working in the UK, for example.
- 6.5. The Guardian remains committed to promoting equity and inclusion to this growing population of middle grade doctors since these initiatives directly support the NHS Long Term Plan's goals, particularly its emphasis on developing a diverse and skilled workforce to improve patient care. By enhancing the experience of LEDs and IMGs, we are fostering a more inclusive workplace and ensuring that our healthcare teams are equipped to meet the evolving needs of our patient population.
- 6.6. As this important programme of work gets underway, in time, the Guardian will seek the sponsorship of a designated Non-Executive Director (NED) who could provide additional strategic oversight, advocacy and leadership to help drive this work forward and support its alignment to the Trust's wider objectives for workforce development, equality and inclusion.

7. Sexual Safety

- 7.1. The Guardian, working jointly with senior colleagues from each staff group, has made significant progress with ongoing efforts to ensure sexual safety for all staff and patients. Progress can be described as follows:
- Formed a dedicated Sexual Safety Group, comprising a multidisciplinary membership from each staff group. The group operates under agreed Terms of Reference ensuring a comprehensive and collaborative approach to sexual safety.
 - Established a clear governance framework for overseeing sexual safety initiatives across the organisation ensuring accountability and robust monitoring at every level.
 - Continues to pursue a model of ally ship, fostering an inclusive culture where all individuals feel empowered to speak up and support one another.
 - Formally signed up to the NHSE Sexual Safety Charter demonstrating a firm commitment to creating a safe and supportive environment for both staff and service users.
 - Developed four key subgroups to drive specific aspects of work; culture and communication, data collection, education and training, policies.
 - Co-hosted a Grand Round for all staff on Safeguarding Staff and Patients, focused on addressing sexual safety in the NHS and promoting the Trust's efforts to ensure a sexually safety, secure and respectful environment for all staff and patients. The session was well attended with an interactive Q&A session at the end.

**BOARD OF DIRECTORS
AUDIT AND RISK COMMITTEE**

**Wednesday 25 September 2024, 1.00pm – 4.00pm
Seminar Rooms 1 & 2, Royal Brompton Hospital**

Members present:	Nilkunj Dodhia (Chair) Miranda Brawn	Simon Friend
In attendance:	Ian Abbs (from 1.25pm) Siddek Ahmed (for item 8) Emmanuel Akinluyi (for item 8) Charles Alexander (until 2pm) Edward Bradshaw (from item 8) Joanne Brown Steven Davies Richard Grocott-Mason (for item 8) Nick Halliwell	Anita Knowles Ruth Liley Simon Lane Ciara Mackay (for item 8) Satwinder Nandrha Damien O'Brien Adeola Ogunlaja (minutes) Clare Ratner (for item 8)

1. Welcome and apologies

- 1.1. The Chair welcomed colleagues to the meeting of the Audit and Risk Committee (the Committee). Apologies had been received from Deirdre Kelly, and from regular attendee Fiona Nicholls.

2. Declarations of interest

- 2.1. In relation to item 5, Steven Davies declared he was a member representative on the Partnership Board of Synnovis Group LLP. It was agreed that his recusal from that item was not necessary.
- 2.2. In relation to item 8, it was noted that Nilkunj Dodhia was an employee of Oracle and the Committee agreed that his recusal from that item was not necessary.
- 2.3. Joanne Brown and Nick Halliwell, the Trust's external auditors, would be recused for item 11.

3. Minutes of previous meeting

- 3.1. The minutes of the previous Committee meeting held on 19th June 2024 were approved as an accurate record.

4. Review of action log

- 4.1. The Committee reviewed the action log and it was agreed that:
- Action 102, in relation to the internal audit of consultant job planning and payments: clarification would be sought on when an update would be brought to the Committee.
 - Action 103, in relation to the internal audit of payroll costs: clarification would be sought on when an update would be brought to the Committee.
 - Action 112, in relation to cyber security update, could now be closed on the action log.
 - Action 114, on an improvement plan for freedom of information requests, would remain open on the action log.
 - Action 115, in relation to implementing recommendations of the Arup climate change report, could now be closed.

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5. Digital, technology and information

Cyber security update

- 5.1. The Committee received an update on the work being undertaken to strengthen the Trust's cyber security arrangements, noting that cyber threats and cybercrime were escalating generally, with more sophisticated attacks as seen in the case of the recent ransomware cyber-attack against Synnovis.
- 5.2. The Trust had a large digital footprint and as such would need to continue to invest in its digital infrastructure to ensure resilience to cyber-attack. A business case had been developed to transition the Trust from its current, largely on-premises, backup and disaster recovery solutions to a cloud-based solution, which would provide enhanced resilience for systems and data, to further mitigate foreseeable risks, including cyber-attacks.
- 5.3. The independent assurance work carried out by Ernst and Young (EY), to assess the Trust's alignment with the cyber assessment framework developed by the National Cyber Security Centre, had concluded that the Trust was able to evidence good practice for the majority of assessed areas. Although supply chain risks were not considered in the EY report, the organisation was in the process of identifying and addressing any potential vulnerabilities in its supply chain and recognised the need to be able to respond to, and recover from, an attack in a timely manner.
- 5.4. Discussion followed about the cyber resilience of the organisation's critical suppliers and the need to assess and/or obtain assurance of, third-party service providers' cyber resilience capabilities. There was consideration about the possible need for specialist cyber security support to do this, and also discussion about how social value was incorporated in the supply chain.

Board assurance framework – cyber security strategic risk

- 5.5. Due to the general escalation of cyber threats potentially impacting delivery of the Trust's objectives, it was proposed that a new cyber security risk was added to the Board Assurance Framework to be owned by the Committee. The risk had been scored as 16 (red) before the application of controls, but this was judged to reduce to 12 (orange) with controls in place. There was 'limited assurance' about the extent to which it was being managed towards its target score. The risk would continue to be reviewed by the Committee until its score was minimised as much as possible.

RESOLVED:

- 5.6. The Committee approved the cyber security risk for inclusion in the Board Assurance Framework.

Subject access and Freedom of Information Act requests update

- 5.7. The Committee received an update on the Trust's compliance with providing information in respect of subject access requests (SARs) and Freedom of Information Act (FOI) requests. It was noted that the SARs backlog had been substantially reduced and was now within compliance levels. The Information Commissioner's Office had now closed its investigation into the Trust's performance, although the Trust would send it bi-annual progress updates to demonstrate continued good performance.
- 5.8. The Trust continued not to meet the compliance target of 95% for FOI and the reasons for this were discussed. An improvement plan was in place, resulting in some progress, however there was more

work to do. There would be renewed focus on meeting the FOI target across the organisation, and on improving the processing of requests to support this.

- 5.9. The Trust did not currently meet the Data Security and Protection Toolkit (DSPT) 'Standards Met' performance target, however, an improvement plan had been developed and sent to NHS England for review. It was anticipated that the Trust would move to 'Approaching Standards', and once improvement actions were completed the Trust could request a further regrade to 'Standards Met'.

6. Corporate risk register

- 6.1. The Committee noted that there were currently 19 risks on the corporate risk register (CRR), and that the Trust Risk and Assurance Committee (TRAC) had escalated three new risks to the CRR in quarter one. These related to the impact from the Synnovis cyber-attack, the backlog in clinical imaging, and external data reporting issues from Epic.
- 6.2. Two risks had been de-escalated from the CRR to be managed within the Heart, Lung and Critical Care (HLCC) Clinical Group, both relating to critical care environment and capacity.
- 6.3. The Committee discussed the risks caused by ongoing industrial action, noting that a risk in relation to the impact of junior doctor strikes had previously been added to the CRR, but had now been de-escalated. There was also discussion about the addition of target dates for implementation of risk actions, and need for assurance on delivery of mitigations to reduce the level of risk.

7. External audit progress report and sector update

- 7.1. The Committee received an update from the Trust's external auditors on their progress in delivering their statutory responsibilities, including a summary of emerging national issues and development. The Committee noted that key national issues included IT failures resulting in patient harm and the challenges of addressing waiting lists. Discussion followed about the possibility of independent assurance from the external auditors in relation to the Trust's plans for elective recovery and tackling waiting lists.

ACTION: Ian Abbs and Joanne Brown to have further discussion, outside the meeting, about the possibility of an external audit of the Trust's plans for elective recovery.

8. Internal audit update

- 8.1. The Committee received an update on the audit assignments that had been completed since the previous meeting of the Committee, noting that four audits had been given a 'limited assurance' rating: the patient liaison and advice service (PALS), private patient activity within the Heart, Lung and Critical Care Clinical Group, disposal of medical devices, and overseas visitors activity.
- 8.2. The internal audit of PALS had identified the need to improve the processes for recording and reporting PALS activity, to improve the quality of data being reported to TRAC and to ensure the information reported was consistent across all Trust sites. An update was provided about the improvement actions already being taken, including the discontinuation of spreadsheet recordings and moving from Datix to Radar for the recording and reporting of activity. The backlog of open cases had now been cleared, and changes had been made to service opening hours to prioritise response. The Trust's Centre for Innovation, Transformation and Improvement (CITI) had also been asked to undertake a review of the service, including a review of demand and capacity, and a paper would be taken to the Trust Operations Board.
- 8.3. Discussion followed about the use of PALS data to improve services, with the need to demonstrate learning and change as a result of the issues raised. It was acknowledged that there was a

longstanding need to improve communication and ways to contact the Trust, given this was a key determinant of good patient experience. The Committee acknowledged the sizable amount of work to be done to implement the recommendations of the audit report, within the deadline given.

- 8.4. The audit review of private patient activity found that this delivered a positive income stream for the Trust, with work to do to enhance profit costing and contract arrangements. The Committee acknowledged that the growing market for private healthcare provided important financial opportunities for the Trust in the context of public funding constraints.

ACTION: The Finance, Commercial and Investment Committee would oversee progress in responding to the recommendations of the internal audit of private patient activity within HLCC, and Richard Grocott-Mason would bring a progress update to a future meeting of the Audit and Risk Committee.

- 8.5. A review of the disposals processes for medical devices found that the relevant Trust policy was not being consistently followed, and required review. There was need to ensure that decontamination and data management procedures were followed prior to disposal, that all income due was received and that records were kept of disposals matched to income. The Guy's and St Thomas' and Royal Brompton and Harefield hospital sites also used different systems to record and manage medical devices. The Committee noted the new processes being developed in light of the audit findings, and noted that the systems for managing medical devices would be integrated.

ACTION: Emmanuel Akinluyi to bring an update to a future meeting of the Committee about the progress made in implementing the recommendations of the internal audit of disposals of medical devices.

- 8.6. Overseas visitors activity remained a complex area requiring compliance with the NHS (Charges to Overseas Visitors) Regulations 2015. The recovery rate of sums due was comparatively low and the treatment and recovery of charges was a significant challenge on Trust resources. The Trust-wide Overseas Patients Policy needed review and improved communication to staff to inform them of their collective responsibility to help identify and support payment by overseas patients for treatment received where this was required. The Committee noted the drivers for the issues identified and the improvement actions being taken. It was agreed that there would be further executive focus on this area.

ACTION: Steven Davies to bring an update to a future meeting of the Committee about the progress made in implementing the recommendations of the internal audit of overseas visitors activity.

- 8.7. The Committee also discussed the two audit reports given a 'substantial assurance' rating, noting the actions to be taken by the Trust in relation to the data security and protection toolkit assessment, as discussed earlier in the agenda regarding cyber security. The first such review had been of the Trust's Oracle finance system, where a 'substantial assurance' rating had been given, along with some recommendations including the need to improve understanding of backup plans.

ACTION: Steven Davies to seek clarification from Oracle about backup plans and schedule.

- 8.8. The Committee discussed the findings of the internal audit review on progress in implementing recommendations of the Deloitte review of governance and leadership, which the Trust commissioned in 2022. Deloitte had made a number of recommendations, whilst concluding that, overall, the Trust exhibited many characteristics of a well-led organisation. The internal audit had concluded that all recommendations had either been fully implemented, or there was a clear rationale why the Trust had decided against full implementation. Internal audit had found clear

evidence that the changes made following the Deloitte review had led to improvements in the strength of governance and leadership at Board level.

- 8.9. The Committee noted the planned joint symposium with the Care Quality Commission (CQC), taking place in November, to aid the CQC's understanding of complex, large NHS providers operating across multiple sites in the context of the new CQC framework. A refresh of all Board committee terms of reference and the effectiveness of meetings was being conducted, which supported a well-led organisation, and Committee members were encouraged to give their feedback on how meetings were running.

9. Counter fraud update

- 9.1. The Committee received an update on counter fraud activity from June to August 2024, noting the reactive referrals and completed investigations within that period.

10. Declarations of interest compliance

- 10.1. The Committee acknowledged the significant reputational risk linked to the failure to declare and manage interests appropriately. Although there was an established process for doing this at Board and executive level, based on an online portal, there remained opportunity to improve the Trust's compliance levels across all corporate functions and clinical groups. Corporate Affairs regularly raised the issue with governance leads in clinical/delivery groups, and monthly automated reminders were sent to aid compliance. Further thought would be given to how improved compliance could be sought from the clinical consultant body.

11. External audit contract

- 11.1. The Trust's external audit contract was held by Grant Thornton who had provided these services since 2017/18, which was the last time the contract was subject to a competitive tender. In January 2024, the Council of Governors had approved a recommendation to extend Grant Thornton's contract to July 2025.
- 11.2. Based on NHS England's Audit and Assurance guidance, which recommended a three to five-year period of appointment and a market-testing exercise for the appointment of an auditor at least once every five years, it was proposed that a full procurement exercise was undertaken next year. It was also noted that Grant Thornton could be re-appointed as the external auditor.
- 11.3. It was proposed that the work required was undertaken so that a recommendation could be taken to the Council of Governors meeting on 29 January 2025.

RESOLVED:

- 11.4. The Committee supported the proposed process to identify an external audit firm from July 2025.

12. Any other business

- 12.1. There was no other business.

The next meeting will be held on Wednesday 27th November 2024

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17/10/2024 16:52:21

**BOARD OF DIRECTORS
FINANCE, COMMERCIAL AND INVESTMENT COMMITTEE**

**Wednesday 24 July 2024, 1.00pm – 3.00pm
Boardroom A&B, London Institute of Healthcare Engineering**

Members present:	Simon Friend (Chair) Ian Abbs Charles Alexander	Steven Davies Pauline Philip
In attendance:	Beverley Bryant Sarah Clarke (item 11) Louise Dark Robin Firth (item 11) Richard Grocott-Mason (item 10) Anita Knowles	Leah Mansfield (MS Teams) Simon Mendy Alison Mould (MS Teams) Damien O'Brien Tendai Wileman Lucy Yasin (minutes)

1. Welcome and apologies

- 1.1. The Chair welcomed colleagues to the meeting of the Finance, Commercial and Investment Committee (the Committee). Apologies had been received from Avey Bhatia, Nilkunj Dodhia, Jon Findlay, Ian Playford and Lawrence Tallon.

2. Declarations of interest

- 2.1. Steven Davies was a member representative on the Partnership Board of Synnovis Group LLP. Recusal from item 6.2, which covered the initial financial impact of the Synnovis IT incident, was not considered necessary as discussion of this item was not expected to lead to a conflict of interest.
- 2.2. There were no further declarations of interest.

3. Minutes of the previous meeting

- 3.1. The minutes of the meeting held on 1 May 2024 were approved as an accurate record.

4. Review of action log and matters arising

- 4.1. An update was provided on the overarching commercial strategy (action 21) and this action remained open. A decision on the future of the Trust's pharmaceutical manufacturing unit was scheduled to be taken at the Trust Executive Committee meeting in August. The paper would then come to the October meeting of the Finance, Commercial and Investment Committee for endorsement (action 35).
- 4.2. A report was provided on the private patients cost improvement plan at item 6.3 (actions 37 and 38). A further briefing would be shared outside of the meeting and the actions then closed.

ACTION: SD

- 4.3. A briefing on the costs associated with the Trust's mental health provision (action 43) had been provided and the action was now closed.

5. Board Assurance Framework

- 5.1. The Committee was reminded about the two strategic risks on the Board Assurance Framework (BAF) that it owned; these related to the Trust's financial sustainability and the impact of restrictions on capital expenditure. These would be kept in mind during discussions and the risks would be reviewed later in the meeting.

6. Finance updates

Items 6.1 – Month 3 report and 6.2 CIP planning update

- 6.1. The Committee received an update on the financial performance of the Trust in the three months to 30th June 2024. The annual plan was to achieve a breakeven outturn. Performance was behind plan with much of the gap due to the impact of the Synnovis IT incident on clinical activity levels. A process to isolate this impact and enable the Trust to effectively manage underlying financial performance was in place.
- 6.2. The Trust's reduced cash balance would be discussed at item seven on the agenda. The Trust was also seeing increases in the renewal cost of the contracts it maintained with third-party suppliers to support its day-to-day business operations. The Trust's capital programme was projected to progress to plan.
- 6.3. There was a significant focus on cost improvement plans (CIPs) with a large number of efficiencies both identified and in the delivery phase. However, the financial environment remained extremely challenging, and it was recognised that more needed to be done to achieve the CIP targets for the year. There remained actions, albeit challenging, the Trust would need to take to mitigate the position and meet the breakeven plan.
- 6.4. The Committee noted the CIP plan and the value of the schemes delivered to date, and agreed to the continued action around pace of identification and delivery.

Item 6.3 Private patient CIP

- 6.5. The Committee noted the potential to increase productivity, and that plans were being developed to deliver this.

Item 6.4 SEL ICB – Financial Plan 2024/25

- 6.6. NHS England, in consultation with the south east London Integrated Care Board (ICB), had set a deficit control total of £100million for the south east London system. This was significantly lower than the ICB submission, and additional specialised commissioning funding had been allocated to the ICB to assist in delivery of the target. A portion of this funding had been allocated to the Trust and if taken would mean the Trust would need to improve its forecast from a breakeven position to a surplus. The Committee was supportive of the Trust taking the funding and adjusting the forecast position.
- 6.7. In addition, the ICB had also developed a CIP stretch target to meet the control total. This is sitting within the ICB numbers currently but is the responsibility of KCH.
- 6.8. The core capital allocation to the south east London ICB had reduced taking account of financial penalties for the system planning a deficit budget. As such, the Trust may be required to repay some of the capital it had been allocated. This was not expected to materially impact the Trust's capital programme.
- 6.9. The Committee approved the final business planning submission of the Trust, and noted the final system plan for south east London ICB system and the inherent risks. The Committee also noted the additional system funding and CIP stretch, particularly the Trust's share and the system's expectations as a result.

Item 6.5 Capital planning overview

- 6.10. The Committee was provided with an update on performance against the capital plan in year; the medium-term capital plan covering 2024/25 to 2028/29; and the refreshed process to ensure a more proactive review of capital strategy and commitments. The process included an annual refresh led by

Capital Finance and the Central Portfolio Office with input from colleagues across the Trust starting each October and concluding by April.

- 6.11. The Committee supported the revised approach, noting it was more proactive and risk focused than previous arrangements. The Committee noted the process undertaken to establish the Medium-term Capital Plan to 2028/29 and the areas to be included in future iterations.

7. Provider Revenue Support PDC funding request

- 7.1. The Committee discussed the Trust's cash position, which had continued to decline since the start of the financial year, and the potential need to request provider revenue support from NHS England. A submission had been prepared to ensure this was available as an option, should the cash position continue to deteriorate and the other measures in place to improve the position not deliver sufficient cash in the timeframe required. It was noted that receipt of provider revenue support would increase regulatory scrutiny. The Trust would continue to explore other options and take all reasonable steps to improve the cash position.

RESOLVED:

- 7.2. The Committee delegated responsibility to the Chief Executive and Chief Financial Officer for any submission of the funding request, should it be required.

8. Financial controls and mitigation

- 8.1. The Trust had updated its self-assessment against the Healthcare Financial Management Association (HFMA) financial sustainability assessment as part of its work to maintain oversight and control of the Trust's financial challenge. The outcome was largely unchanged though had reduced slightly, reflecting the impact of the complex financial arrangements of the integrated care system model, and the introduction of a number of new software systems which had impacted the triangulation of core data as they continued to embed. The financial oversight framework had been developed because of the more challenged environment, had been positively received across the organisation and was being used well. It was requested that the action plan arising from the refreshed self-assessment be shared with the Committee.

ACTION: DO'B

- 8.2. The updated HFMA financial sustainability assessment and financial oversight framework were noted.

9. Queen Mary's Hospital theatres update

- 9.1. The Committee was provided with an update on the day surgery theatres being run at Queen Mary's Hospital as part of the Acute Provider Collaborative (APC) with Lewisham and Greenwich NHS Trust. King's College Hospital NHS Foundation Trust (KCH) had withdrawn from this arrangement since the last meeting of the Committee. As such, there was a need to determine the operational split of KCH's operating theatre share between the Trust and Lewisham and Greenwich NHS Trust. The additional capacity provided an opportunity to improve productivity and effectiveness of the arrangements, which were noted to be complex.

- 9.2. It was requested that an update paper be provided to the next meeting of the Committee on utilisation plans and opportunities to streamline and improve the effectiveness of the arrangements, with a full strategy paper to follow in early 2025.

ACTION: SD

10. Remeo reprourement

- 10.1. The recommendation to reprocore the managed service agreement (MSA) for the provision of satellite respiratory services with the current provider was discussed. The recommendation followed a formal procurement process for the highly specialised service, which worked with a complex and very

vulnerable group of patients to 'wean' them from invasive mechanical ventilation. This was a clinically critical service for which there was currently no suitable location within Trust premises or capital available to bring the service inhouse. The proposal had been approved by the Trust Executive Committee in June, where the importance of an appraisal being undertaken ahead of expiration of the new contract was made to ensure there were suitable options in the future.

- 10.2. The contract represented a cost pressure, largely as a result of inflation and increased specification. The Trust was engaging with commissioners on this and the future funding of the service. The Committee was updated on the negotiated terms of the contract and on Remeo's financial viability.

RESOLVED:

- 10.3. The Committee approved the award of the managed service contract to Remeo Healthcare Limited (Clinical Services) and Remeo Property Limited (facilities Management Services).

11. Somers Place kidney treatment unit

- 11.1. The recommendation to enter into a Statement of Service with Diaverum Limited for provision of a new renal dialysis service at Somers Place, Brixton as part of the existing MSA was discussed. This included entry into a sub-contract with KCH, to extend the managed service agreement (MSA) services. This would be the first joint dialysis centre between the Trusts and would replace the Guy's and St Thomas' Camberwell facility.

- 11.2. It was noted that the new contract was cost neutral for the Trust and expected to become beneficial over time as the number of patients was projected to increase. The contract did represent a cost pressure for KCH but this was not anticipated to present an issue as the Integrated Care System had indicated in writing that it was prepared to fund this in the event that KCH could not.

- 11.3. The Committee thanked Sarah Clarke and her team for progressing this work, noting there had been a significant amount of challenge in getting to this point.

- 11.4. The Committee was supportive of the need to move to a new facility, and supported the proposal in principle, but requested further assurance on two points ahead of approving the signing of the Statement of Service with Diaverum and sub-contract with KCH. The first of these was to confirm the competency of Diaverum's arrangements to prevent cyber-attack, and the risk of a such an attack impacting Trust technology systems. The second point concerned the funding terms of the KCH sub-contract. The Committee noted the risk to the Trust's financial position in the event KCH withdrew from the arrangement.

RESOLVED:

- 11.5. The Committee delegated authority to the Chief Financial Officer to take the final decision once the points raised in respect of cyber security and financial risk had been clarified to his satisfaction.

12. Board Assurance Framework

- 12.1. The Committee reviewed the two principal risks on the BAF following its discussions and did not consider any changes were required.

13. Any other business

- 13.1. There was no other business.

Date of next meeting: Wednesday 30 October 2024

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 23 OCTOBER 2024**

Title:	Finance Report for the five months to 31st August 2024
Responsible executive:	Steven Davies, Chief Financial Officer
Paper author:	Damien O'Brien, Director of Operational Finance
Purpose of paper:	To update on the financial performance of the Trust for the five months to 31 st August 2024
Main strategic priority:	Deliver our financial plan
Key issues summary:	<ul style="list-style-type: none"> • The annual plan is to achieve breakeven at year-end • YTD performance to August 2024 of a deficit of £38.4m represents a £8.6m deterioration in month. Patient activity has been reduced by £21.4m YTD. YTD Expenditure on pass through drugs and devices is over spent by £24.9m which is offset by income over performance. • The cash balance at the end of August of £65.7m is a decrease of £24.2m against the opening balance. • The capital programme has been set at £97.5m with the Capital Department Expenditure Limit (CDEL) agreed at £92.5m and a £5.0m allocation from donations. This was reduced by £2m due to the SEL system shortfall against the SEL fair share deficit target for 2024/25. YTD expenditure is £18.3m which is £13.4m below the phased plan of £31.2m.
Paper previously presented at:	<ul style="list-style-type: none"> • Trust Executive Committee
Recommendation(s):	<p>The BOARD is asked to:</p> <ol style="list-style-type: none"> 1. Discuss and note the content of this paper, and the finance report in Appendix 1.

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 23 OCTOBER 2024

1. Introduction

1.1. This paper updates the committee on financial performance for the five-month period to 31st August 2024.

2. Financial Performance Summary

2.1. The Trust has agreed a financial plan for 2024/25 of breakeven. Performance for the five months to August 2024 is a deficit of £38.4m.

2.2. The main drivers of the reported financial position are:

- There is an estimated reduction in income of £19.0m for NHS activity and an under performance against Private Patient income of £2.4m YTD; both linked to the Pathology cyber-attack. This has been partially offset by an estimated reduction in pathology costs of £2.9m.
- High clinical supplies costs (£11.4m above plan) are partially offset by estimated additional VCM (excluded devices) income of £1.2m. The remaining costs are being reviewed to understand if driven by activity levels or linked to inflationary pressures; Drugs spend was £13.5m above plan, which is partially offset by additional Drugs income of £11.4m above plan.
- Remaining income has been assumed to plan in month 5 whilst NHS contracts are agreed and contract monitoring reporting is developed. The reporting focus has been on ensuring statutory activity submissions of prior-year activity post Epic go-live which were made in May; the Trust has since continued to make monthly statutory activity submissions to NHS England and commissioners in 2024/25. The favourable income variance offsets the overspends seen on high cost drugs and VCM devices year to date.

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Income and Expenditure	Budget Mth	Actual Mth	Variance Mth	Budget YTD	Actual YTD	Variance YTD
	£m	£m	£m	£m	£m	£m
Income	232.2	243.0	10.8	1,156.9	1,186.6	29.8
Pay	(131.0)	(128.1)	2.9	(653.7)	(661.1)	(7.4)
Non Pay	(100.3)	(122.5)	(22.2)	(510.1)	(564.0)	(53.8)
Surplus / (Deficit) - Adjusted Financial Position (AFP)	1.0	(7.6)	(8.6)	(7.0)	(38.4)	(31.4)
DODA	(1.0)	(1.0)	(0.1)	(4.9)	(4.9)	(0.0)
Capital Donations	0.0	0.5	0.5	0.0	2.6	2.6
Technical Adjustments	0.0	0.0	0.0	0.0	0.0	0.0
Surplus / (Deficit) - Excl Fin Adj's	0.0	(8.1)	(8.1)	(11.9)	(40.7)	(28.9)

3. Cash, Capital and Cost Improvement Programmes

3.1. **Cash:** the cash position at the end of August is £65.7m which is a decrease of £24.4m from the opening balance £90m. An analysis of the main drivers of the cash reduction is contained within the finance report.

3.2. **Capital:** The capital plan has been set at £97.5m for the year and CDEL has been agreed at £92.5m. A further £5.0m is planned for schemes funded by donations. CDEL has reduced by £2m due to claw back of CDEL funding from the SEL system not achieving their fair share deficit plan.

- Expenditure to date of £18.3m has been recorded against CDEL funded schemes which is £13.4m less than the YTD core CDEL allocation.

3.3. YTD CIP achievement stands at £21.3m against a YTD plan of £24.1m. Work is on-going to assess the impact of further CIP opportunities across a range of themes including discretionary spend, merger synergies and reductions in COVID and independent sector expenditure.

4. Recommendations

4.1. The Board is asked to:

- Note the AFP which is to achieve a breakeven position.
- Note that the Trust has reported a YTD deficit of £38.4m.
- Note the current cash balance of £65.7m.
- Note the current capital expenditure of £18.3m which is within the phased capital plan.
- Note the contents of Appendix A – CIP.

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Guy's and St Thomas' NHS Foundation Trust



Board of Directors Public Meeting

23rd October 2024

Finance Report - 24/25

Month 5

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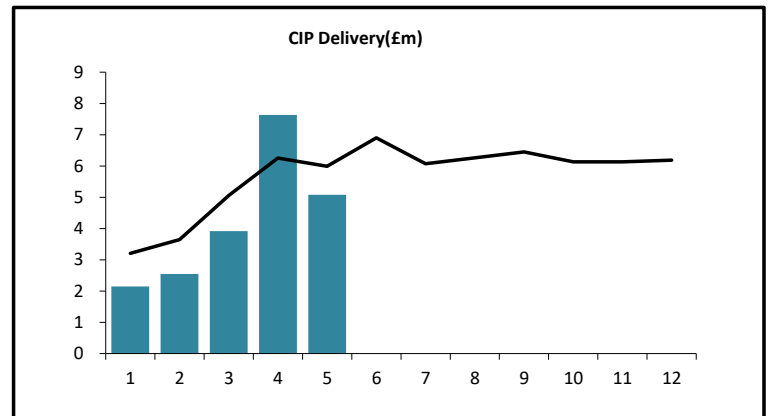
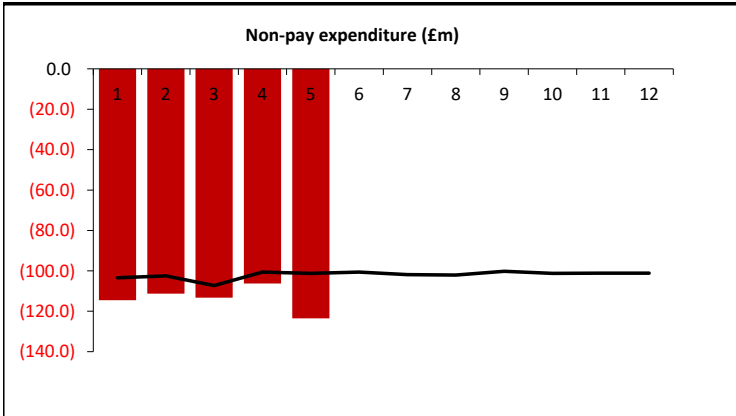
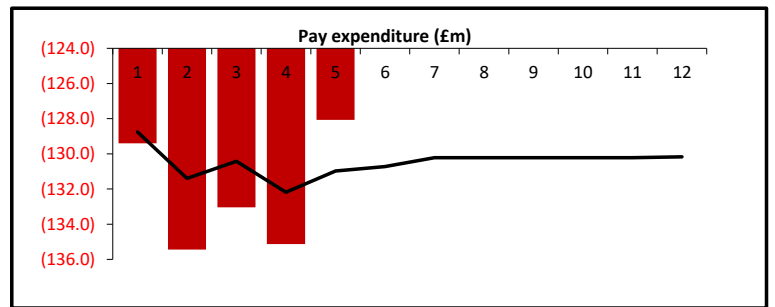
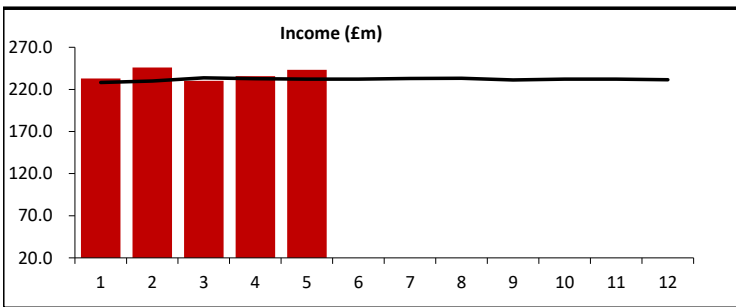
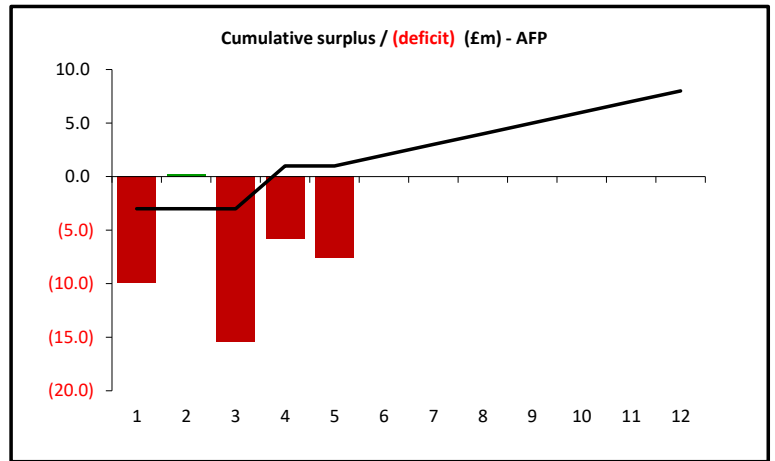
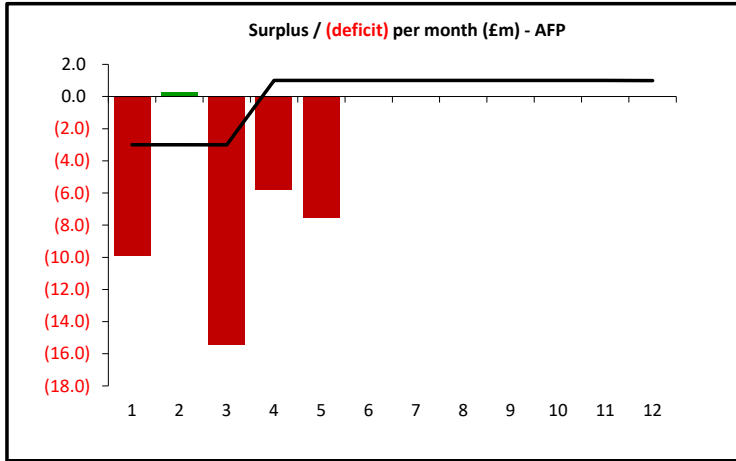
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Summary Financial Performance - Trust

Income and Expenditure	Budget Mth	Actual Mth	Variance Mth	Budget YTD	Actual YTD	Variance YTD
	£m	£m	£m	£m	£m	£m
Income	232.2	243.0	10.8	1,156.9	1,186.6	29.8
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DODA	(1.0)	(1.0)	(0.1)	(4.9)	(4.9)	(0.0)
Capital Donations	0.0	0.5	0.5	0.0	2.6	2.6
Technical Adjustments	0.0	0.0	0.0	0.0	0.0	0.0
Surplus / (Deficit) - Excl Fin Adj's	0.0	(8.1)	(8.1)	(11.9)	(40.7)	(28.9)



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Executive Summary

Summary: YTD the Trust is reporting a deficit of £38.4m in terms of the adjusted financial performance measurement, which is £31.4m adverse to plan:

- **Clinical Income:** Income reduction has been included of £21.4m, of which £19.0m is due to estimated NHS income loss based on cancellations. £2.4m reduction is due to Private Patients.
- **CIP delivery:** YTD £21.3m of CIPs achieved resulting in a total under delivery against the Trusts CIP programme of £2.8m driven both by unidentified and unachieved CIPs. The under-delivery is included within both pay and non pay budgets.
- **Balance Sheet Flexibility:** to date £2.8m of non-recurrent benefits have been realised which is in line with plan.
- **High levels of activity** shown in the interim Apollo data for 2023/24 have led to an estimate of 2023/24 ERF benefit of £6.8m in the position.
- **Industrial Action:** an assessment of the impact of industrial action since April is £1.1m. The main drivers of which are increased pay expenditure to cover colleagues less salary deductions made and reductions in private patient activity.
- **Independent Sector:** expenditure incurred in respect of independent sector usage is £1.6m more than budgeted.
- **Non Pay:** high levels of spend YTD in drugs and devices, which has been partially offset by pass through income. Net position is an overspend of £13.9m. Excess Inflation impact is an overspend of £5.0m

Income: YTD performance £29.8m favourable to plan, the main drivers of which are:

- **Clinical Income:** Income reduction has been included of £21.4m, of which £19.0m is due to estimated NHS income loss based on cancellations. £2.4m reduction is due to Private Patients.
- **Pass through drugs and devices** income is £24.5m and £1.2m above plan respectively. This will be offset by a corresponding overspend in non pay.
- **Other Operating income:** £13.6m above plan YTD, of which R&D/Charity income is £2.9m above plan. Genomics income is £8.0m above plan, and Education and Training income is £3.9m above plan. R&D and E&T will be offset by costs incurred.

Pay budgets: YTD expenditure of £661.1m is £7.4m worse than plan;

- **Capital Staff** There are costs of £1.2m relating to staff that were previously classed as capital which are currently being reviewed, but are reflected in the position.
- **Apollo Stabilisation** costs of £1.1m are showing an adverse variance.
- **Prior Year costs** relating to pay errors incurred totalling £1.7m
- **Industrial Action costs for 2024/25 total** £1.1m YTD
- Costs that are covered by income for R&D or Lexica totals £4.7m.

Non Pay budgets (including Reserves and Unidentified CIPs): YTD performance is £53.8m worse than plan, the main drivers of which are:

- Pathology: Cost reduction of £2.9m has been recognised for activity reduction.
- Unidentified CIP targets of £2.8m
- On-going use of the Independent sector has resulted in expenditure above plan of £1.6m.
- Depreciation costs have resulted in expenditure above plan of £2.8m
- Genomics costs are £5.9m over plan, but full offset by income over performance.
- Drugs and clinical supplies budgets are £24.9m overspent.
- Premises and Other operating expenses are £9.6m overspent, due to £4.6m of Apollo costs of which £3.0m is to be invoiced to KCH (income is accrued).
- Excess Inflation costs unfunded in the position total £5.0m adverse variance

Balance Sheet: The Trust closed month five with a cash balance of £65.7m; this is a decrease of £24.2m from the opening balance on 1st April 2024.

Drivers of YTD Group Variances £000

Variance Type	Cancer & Surgery	Evelina London	HLCC	ISM	Essentia	Corporate	Other	Trust Total
Pay	(3,999.6)	3,648.6	(1,220.1)	(1,312.7)	(275.1)	1,588.5	(5,788.6)	(7,359.1)
Further Improvement Target	(668.7)	(2,663.9)	(1,546.0)	(21.7)	939.1	(5,735.5)	(7,382.0)	(17,078.8)
Internal Recharges	208.9	(131.7)	272.6	22.7	200.4	(965.8)	(425.0)	(817.9)
Non Pay	(9,995.4)	302.9	(8,860.0)	(8,886.0)	(2,648.0)	(10,622.6)	4,765.2	(35,944.0)
Income (Excl Clin Income Adj)	(2,035.1)	731.2	(2,722.6)	(2,346.3)	(1,587.5)	8,962.6	28,769.8	29,772.1
Total (Excl Clin Income Adjs)	(16,490.0)	1,887.1	(14,076.2)	(12,544.0)	(3,371.1)	(6,772.8)	19,939.3	(31,427.6)
Clinical Income Adjustment (excl pass through D&D)	2,196.9	(87.2)	336.5	(49.9)	(0.0)	2,684.2	(5,080.5)	0.0
Pass Through Drugs & Devices Clinical Income	8,015.2	(827.9)	(3,256.9)	6,039.7	0.0	0.0	(9,970.1)	0.0
Total (Incl Clin Income Adjs)	(6,277.9)	972.0	(16,996.5)	(6,554.2)	(3,371.1)	(4,088.6)	4,888.7	(31,427.6)

SNAPSHOT VARIANCE DRIVERS - £000's

CIP Performance (note these variances will be included in the tables below)

	Cancer & Surgery	Evelina London	HLCC	ISM	Essentia	Corporate	Other	Trust Total
Staffing								
Medical Staff	(2,187.9)	(243.1)	(1,483.9)	(1,502.9)	(3.9)	238.5	(1,694.1)	(6,877.3)
Nursing Staff	(856.9)	1,531.9	421.5	1,522.1	(9.7)	(380.4)	(862.6)	1,366.0
PAMs	(81.7)	29.4	659.7	1,356.7	(52.7)	(238.4)	(51.8)	1,621.1
Professional & Technical (PTB)	100.5	308.8	1,474.1	1,289.1	(2.8)	(293.3)	(105.3)	2,771.1
Admin & Clerical	921.5	1,240.9	(1,973.1)	483.5	1,196.6	1,884.1	(2,575.2)	1,178.4
Estate and Facilities Staff	0.8	26.9	40.5	18.1	(1,408.6)	(214.3)	(18.3)	(1,554.7)
All Other Staff	(1,896.0)	753.7	(358.9)	(4,479.4)	6.1	592.2	(481.2)	(5,863.5)
Total Pay	(3,999.6)	3,648.6	(1,220.1)	(1,312.7)	(275.1)	1,588.5	(5,788.6)	(7,359.1)
Non-Pay								
Drug Costs	(9,130.4)	2,297.1	(486.9)	(6,628.2)	(0.0)	532.8	(88.3)	(13,503.9)
Clinical Supplies	(2,040.7)	(2,698.8)	(6,189.1)	(1,990.6)	(5.4)	(6,093.4)	7,638.5	(11,379.5)
Premises Costs	(7.4)	113.5	(940.6)	(324.6)	(1,267.1)	(4,686.4)	(199.5)	(7,312.2)
Purchase of Healthcare from non-NH	857.2	(243.4)	(998.6)	1,548.2	0.0	(1,665.5)	1,819.7	1,317.7
Establishment Costs	54.4	29.0	467.8	241.7	46.5	1,330.3	(521.2)	1,648.5
Other Non-Pay Costs	271.5	805.5	(712.5)	(1,732.5)	(1,421.9)	(40.4)	(3,884.1)	(6,714.5)
Total Non-Pay	(9,995.4)	302.9	(8,860.0)	(8,886.0)	(2,648.0)	(10,622.6)	4,765.2	(35,944.0)

Summary: YTD the Trust is reporting an adverse variance to plan of £31.4m measured on an adjusted financial performance basis.

The key drivers of the adverse position are CIP delivery which to date has under-performed by £2.8m across both unidentified and unachieved CIPs.

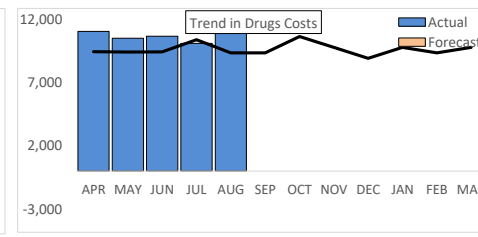
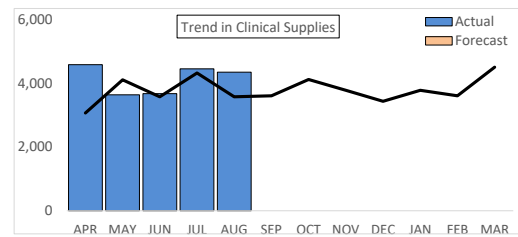
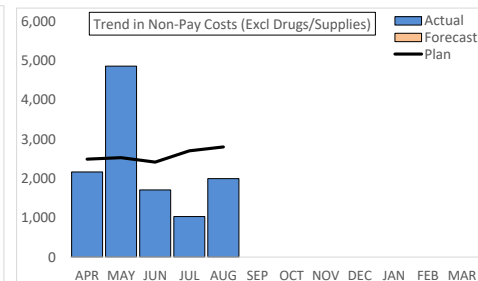
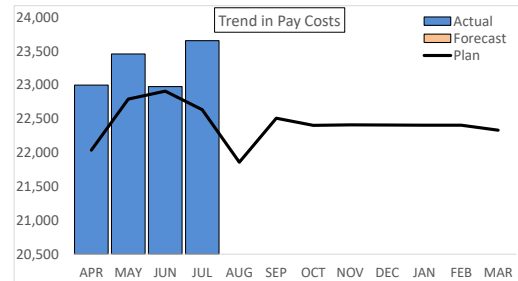
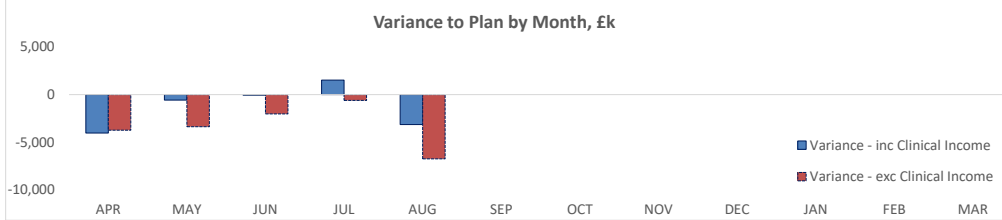
Clinical Income reduction has been included of £21.4m due to cancelled activity

Following the implementation of Epic, clinical income within Clinical Groups is now reported on a block contract basis with some adjustments in respect of pass through drugs and devices income. This is likely to continue for the first half of the financial year until recording and reporting issues are resolved.

Cancer & Surgery Clinical Group - Financial Performance

1. Summary Financial Performance

Type	This Month			Year to Date		
	Budget (£k)	Actual (£k)	Variance (£k)	Budget (£k)	Actual (£k)	Variance (£k)
Pay	(21,858)	(23,140)	(1,282)	(112,224)	(116,223)	(4,000)
Further Improvement Target	(509)	0	509	669	0	(669)
Internal Recharges inc Overheads	(10,861)	(10,780)	81	(54,305)	(54,096)	209
Non Pay	(15,717)	(21,188)	(5,471)	(79,582)	(89,577)	(9,995)
Income (Excl Clin Income Adj)	3,440	2,853	(586)	16,651	14,615	(2,035)
Total (Excluding Income Adjustment)	(45,505)	(52,254)	(6,750)	(228,791)	(245,281)	(16,490)
Clinical Income Adjustment (excl pass through D&D)	35,180	35,602	421	175,754	177,951	2,197
P/T Drugs & Devices Clinical Income	8,723	11,915	3,192	43,615	51,630	8,015
Total	(1,601)	(4,738)	(3,136)	(9,422)	(15,700)	(6,278)



Clinical Activity Volumes

Type	This Month			Year to Date			Vs 2019-20	
	Budget (#)	Actual (#)	Variance (#)	Budget (#)	Actual (#)	Variance (#)	2019-20 YTD	% of 2019-20
Elective								
Daycase								
Non-elective								
Outpatient New								
Outpatient F/up								
Dialysis								
Chemo Delivery								
Radiotherapy								

To Follow

Summary

YTD Position

The Clinical Group has reported a position of £6.3m behind plan in August (M05). The main drivers of the position YTD are:

Pay £4.0m overspent

- Medical pay £2.0m overspent, mainly within Trainee Grades £1.1m, in Haematology, TAP and TR&U, drivers includes i) unmet vacancy factor £0.3m, ii) high bank and agency usage and iii) unfunded maternity cover £0.4m. Consultants £0.9m overspent, driven by i) industrial action £0.1m. ii) premium bank rates, iii) unfunded maternity cover £0.2m and iv) arrears pay £0.2m. See actions.
- Nursing £0.9m overspent, mainly within Surgery, TAP and Oncology, due to i) unmet vacancy factor, ii) unfunded maternity cover £0.5m iii) high bank and agency usage, drivers include enhanced care and sickness. See actions
- A&C £0.6m underspent, driven by vacancies.
- Unmet Headcount reduction target 1.8m.
- Hosted Service £0.3m underspent, offset within Income.
- R&D £0.2m overspent, offset within Income.

Further Improvement Target £0.7m behind plan

- The Clinical Group had £11.7m to identify as part of 24/25 business planning and have identified £10.1m or 86% to date.

Non Pay & Internal Recharges £9.8m overspent

- Drugs £8.5m overspent, partially offset by passthrough income, net position £0.7m behind plan. See actions
- Clinical Supplies £1.9m overspent, within TAP £0.8m and TR&U £1.4m. See actions.
- Independent sector (Cromwell) spend £0.4m, partially offset within Clinical Income, net position £0.2m overspent.
- VCM £0.2m ahead of plan, partially offset within P/T Clinical Income, net position £0.4m ahead of plan.
- R&D £0.7m overspent, partially offset in Income.
- J&J £1.2m underspent, driven by low activity, includes £0.2m prior year benefit.
- Hosted Service £0.4m underspent, offset within Income.

Income £2.0m behind plan.

- Hosted Services £2.6m behind plan, offset in Clinical Income, Pay and Non Pay.
- Mortuary income £0.2m behind plan, driven by staffing issues.
- R&D £0.5m ahead plan, offset in Non Pay.
- HCA gain share overperformance £0.6m ahead of plan
- Cancer Recovery £0.2m ahead of plan, offset by independent sector spend within Non Pay.

P/T Drugs & Devices Clinical Income £8.0m ahead of plan

- Variable Drugs & Blood income £7.8m ahead of plan, partially offset by Non Pay.
- Device income £0.2m ahead of plan.

Clinical Income Adjustment (excl pass through D&D) £2.2m ahead of plan

- Hosted Service £2.0m underspent, offset within Income.
- R&D £0.2m ahead plan, offset in Non Pay.

Key Issues

1. CIPs

- Identification of further CIPs to address the remaining target c.£1.6m
- Delivery of prior year unidentified headcount challenge of c.£4.3m
- Transacting headcount reductions identified, but not yet implemented, as awaiting QJAs.

2. Activity Recovery

- Recovery will be two fold :
 - Capture and coding - particularly around resolving the issues around outpatient activity capture and understanding the drivers of the pass-through position
 - Operational recovery, appreciating IA will impact on this aspiration.

3. Procurement Support

- In understanding the drivers of the high clinical supply spend. Including price, volume changes and product changes.

4. Medical Pay

- Reducing reliance on premium bank rates (RTT) to provide cover.
- Review of areas Medical overspend to understand drivers.

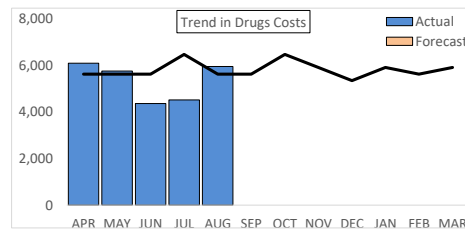
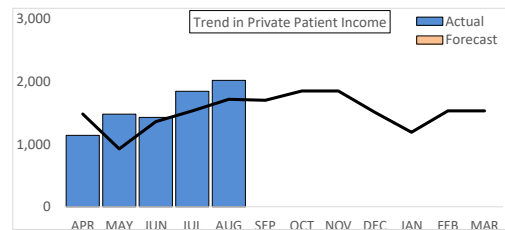
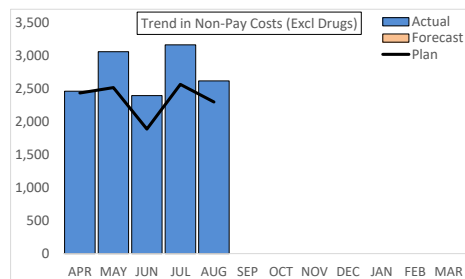
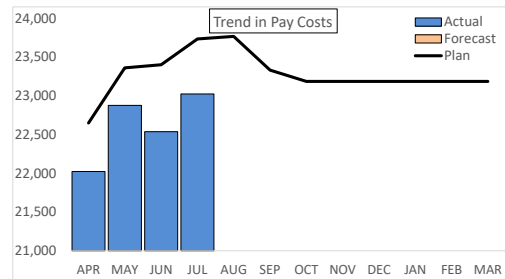
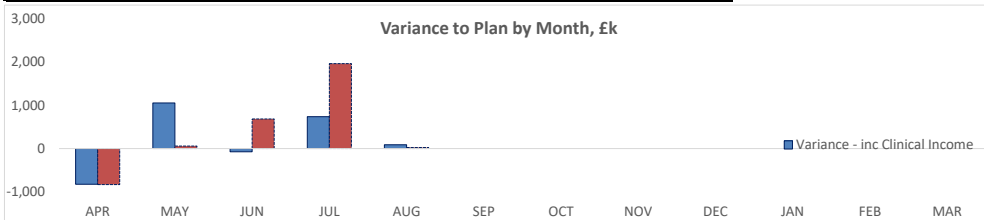
5. Pass-through Drugs and VCMs

- Review methodology of drugs income estimate included in M05.
- Review VCM position

Evelina London Clinical Group - Financial Performance

1. Summary Financial Performance

Type	This Month			Year to Date		
	Budget (£k)	Actual (£k)	Variance (£k)	Budget (£k)	Actual (£k)	Variance (£k)
Pay	(23,764)	(22,799)	965	(116,904)	(113,256)	3,649
Further Improvement Target	533	0	(533)	2,664	0	(2,664)
Internal Recharges inc Overheads	(9,008)	(9,067)	(59)	(45,040)	(45,171)	(132)
Non Pay	(7,921)	(8,567)	(646)	(40,657)	(40,354)	303
Income (Excl Clin Income Adj)	3,549	3,844	296	16,044	16,775	731
Total (Excluding Income Adjustment)	(36,612)	(36,589)	22	(183,893)	(182,006)	1,887
Clinical Income Adjustment (excl pass through D&D)	31,273	31,253	(20)	156,367	156,280	(87)
P/T Drugs & Devices Clinical Income	5,169	5,255	86	25,844	25,016	(828)
Total	(170)	(82)	88	(1,682)	(710)	972



Clinical Activity Volumes

Type	This Month			Year to Date			Vs 2019-20	
	Budget (#)	Actual (#)	Variance (#)	Budget (#)	Actual (#)	Variance (#)	2019-20 YTD	% of 2019-20
Elective								
Daycase								
Non-elective								
Outpatient New								
Outpatient F/up								
Paediatric Critical Care								
Antenatal pathways								
Deliveries								
A&E attendances								

To Follow

Summary

Evelina reported M5 performance of £88k ahead of plan, taking the YTD position to £972k ahead of plan.

The in month position reflects PP Income overperformance of £304k and pay underspends within CSTA, CRIC and Community of £965k, offset with unidentified savings of £533k and non-pay overspend of £646k.

YTD Position

The key drivers of the YTD positions are:

- **Further Improvement Target behind plan (£2.7m).**
- **NHS Income £0.9m behind plan.** NHS income is largely broken even except for high cost drugs and devices which are pass through. Note, we have administered three Zolgensma infusions YTD against a plan of five, meaning the Zolgensma income position is £3.2m adverse, mostly offset by a favourable position in other pass through drugs in Medicine.
- **Pay is £3.6m underspent.** Nursing remains underspent reaching £1.6m YTD, reflecting continued high vacancy levels in Universal Community Services (£535k fav) and Day Surgery vacancies (£338k fav) and PICU (£327k fav). Medical is (£243k) overspent, flexi trainee funding has now been allocated for H1. There is £185k relating to the most recent IA (Industrial Action) in June. The remainder relates to sickness costs and backdated pay in the position.
- **Non-pay is £303k underspent,** which moves to £0.5m adverse net of pass-through income. There is a £328k overspend in month driven by an under-estimate of the drugs expenditure position at M4, which has fed through to the M5 position. Clinical supplies continues to be overspent (£2.7m YTD), the inflationary impact in NHS Supply Chain spend is being reviewed centrally, aiming to be clarified for M6 reporting. Bad debt position £218k favourable in due to centralisation of debts pending change in treatment.
- **Other income is £731k ahead of plan,** within which private patient income is £897k favourable primarily driven by CRIC performance. Offset by other operating income being behind plan (£170k).

Key Issues

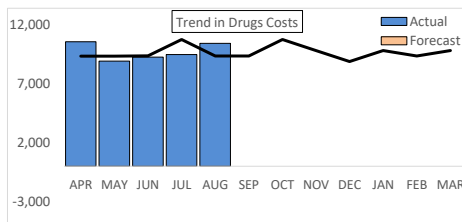
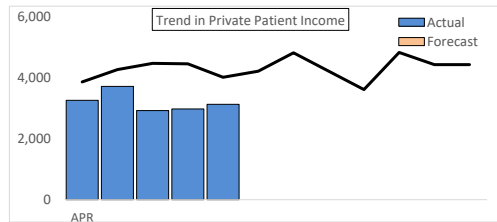
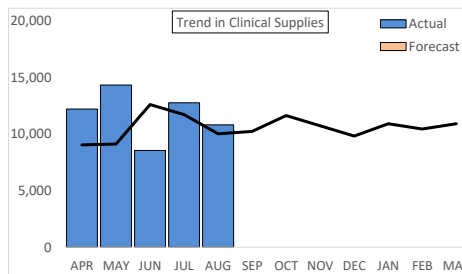
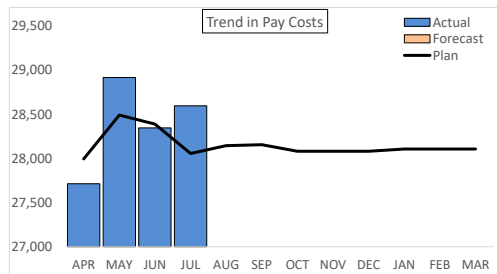
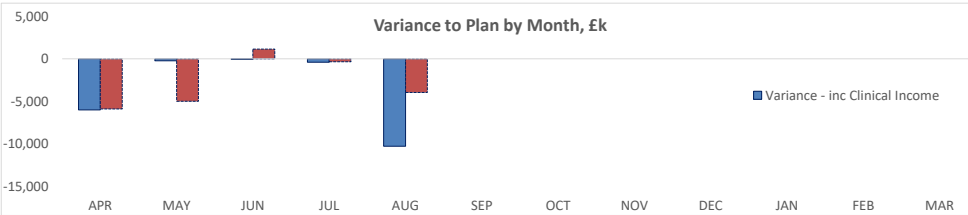
- Progress in terms of identification, maturity and delivery of CIPS will continue to be a key area of focus, particularly pay savings, considering persistent vacancies and pay underspends. As directorates develop detailed plans, QIA assessments are expected alongside this to ensure safety, quality and capacity impacts are assessed and responded to appropriately before the £4.1m of savings identified after the conclusion of 24-25 planning are transacted.
- High level procurement CIPs have been identified to date, and the CG is working with Procurement to assess viability and investigate further opportunities.
- The £2.4m of unapproved funding requests for unbudgeted items in run rate and cost pressures will need to be managed within the Group. The forecast £0.7m MAU Safe Staffing cost pressure will be mitigated by Surplus NHSR MIS funding in 24-25 but there is an exit run rate pressure of £0.3m going into 2025-26 as the bonus is one third of last year's £0.9m allocation.
- High clinical supplies spend to date is still being investigated. Support has been requested from Procurement to understand key drivers and degree of recurrence in levels of spend, given that the run rate increase in Q4 24/25 has continued in through the first part of the year (albeit with a run rate reduction in M3/4 driven by reduced activity levels due to the Synnovis incident). ACU, NICU and Cardiology are key areas of focus where costs are running materially higher than prior year trend, excess inflation above funded levels is likely to be a driver.

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Heart, Lung and Critical Care Clinical Group - Financial Performance

1. Summary Financial Performance

Type	This Month			Year to Date		
	Budget (£k)	Actual (£k)	Variance (£k)	Budget (£k)	Actual (£k)	Variance (£k)
Pay	(28,144)	(28,724)	(580)	(141,078)	(142,298)	(1,220)
Further Improvement Target	395	0	(395)	1,546	0	(1,546)
Internal Recharges	(8,862)	(8,827)	35	(44,309)	(44,037)	273
Non Pay	(21,817)	(24,154)	(2,337)	(112,042)	(120,902)	(8,860)
Income (Excl Clin Income Adj)	6,171	5,487	(684)	31,856	29,134	(2,723)
Total (Excluding Income Adjustment)	(52,257)	(56,219)	(3,962)	(264,026)	(278,103)	(14,076)
Clinical Income Adjustment (excl pass through D&D)	37,569	37,875	305	187,847	188,184	337
P/T Drugs & Devices Clinical Income	13,891	7,249	(6,642)	69,456	66,199	(3,257)
Total	(797)	(11,095)	(10,299)	(6,723)	(23,720)	(16,997)



Clinical Activity Volumes

Type	This Month			Year to Date			Vs 2019-20	
	Budget (#)	Actual (#)	Variance (#)	Budget (#)	Actual (#)	Variance (#)	2019-20 YTD	% of 2019-20
Elective								
Daycase								
Non-elective								
Outpatient New								
Outpatient F/up								
Critical Care Days								

To Follow

Summary

The Clinical Group is reporting an adverse variance against plan in month of (£10.7m) and year-to-date (YTD) of (£17.4m).

Within the month position, there was a material adjustment for pass-through Drugs income, which had previously been overstated. This resulted in a (£7.2m) adverse variance in Income, in month. There remain concerns around the accuracy of drugs data being reported at Clinical Group level.

The position excluding all Drugs (both income and expenditure) is behind plan by (£2.4m) in month and by (£14.3m) YTD. The month position shows an improvement against previous months' trend of £0.6m.

Income for VCM devices is ahead of plan in month by £0.5m but behind plan YTD by (£0.7m), offset in expenditure although there remain pressures on Clinical Supplies excluding VCM devices. Trust to Trust income is ahead of plan by £0.3m in month and by £0.2m YTD. All other NHS contract income continues to be reported on a breakeven (no variance) basis following EPIC go-live.

Private Patient income is adverse to plan in month by (£0.9m) and YTD by (£5.1m). The adverse impact on Private Patient income from reduced activity following the Synovis incident in Month 3 may continue for several months after normal capacity is restored, given the priority of and pressure on NHS waiting lists.

Pay costs are adverse to plan in month by (£0.6m) and YTD by (£1.2m). Within the YTD position, the estimated impact of Industrial Action (IA) on pay is (£0.3m). Excluding the estimated IA impact and Prior Year costs, Pay budgets are adverse to plan by (£0.5m) in month and by (£0.9m) YTD. The month position represents an increase in actual Pay spend vs previous months' trend of (£0.3m), predominantly on Medical staffing. Medical budgets excluding IA and Prior Year costs are overspent in month by (£0.4m), and YTD by (£1.0m). YTD, the estimated cost of Maternity Leave in the position is (£1.2m) and is unbudgeted.

Non Pay costs (excluding Drugs) are adverse to plan in month by (£1.2m) and YTD by (£8.3m). The month position shows a favourable movement compared to previous months' trend; actual spend has reduced by £0.9m, largely in Clinical Supplies. Excluding estimated pass-through VCM overperformance, Clinical Supplies budgets are overspent YTD by (£6.9m). This adverse variance is not explained by activity; the scale of inflation uplift in the contract with NHSSC is under review. Premises budgets are overspent by (£0.9m) YTD, predominantly on Decontamination costs (£0.3m) across Brompton Lung and Harefield directorates, Business Rates (£0.2m) at Wimpole Street and Non Clinical Equipment (£0.5m) across all directorates.

The Clinical Group's allocated CIP target for 24/25 is £14.8m, of which £11.3m has been identified to date. YTD CIP performance is (£3.0m) adverse to plan which equates to 44% delivery; identified schemes are behind plan by (£1.4m) and unidentified schemes result in a further (£1.6m) adverse variance YTD.

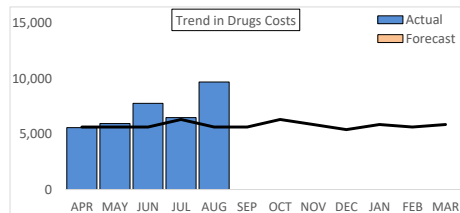
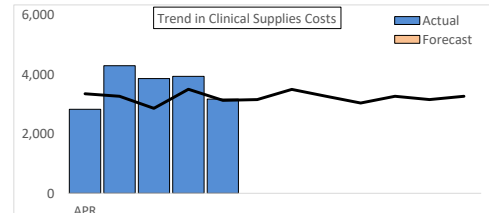
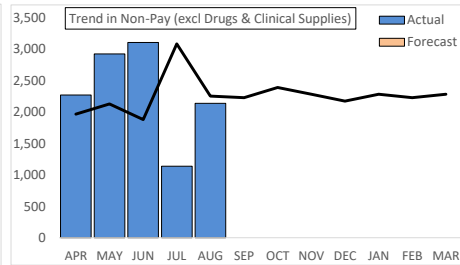
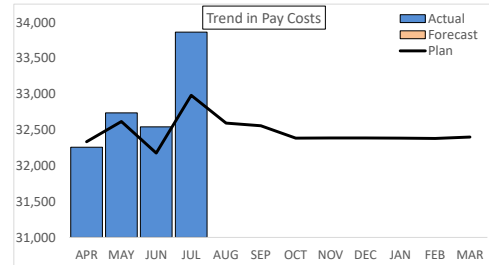
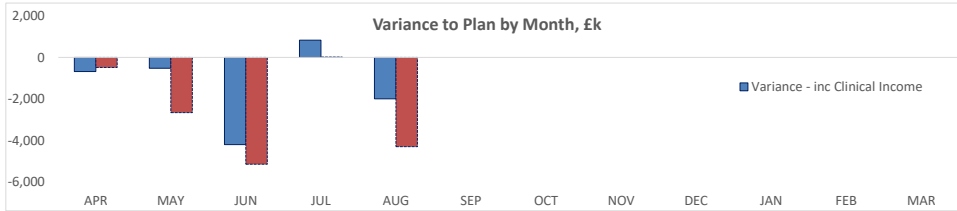
Key Issues

- Essential Cath Lab replacement projects at STH and RBH anticipated to reduce cardiology capacity in Q3/Q4
- While still unable to report NHS Income based on activity (except for VCM devices and pass-through Drugs), it is extremely challenging to understand the true scale of adverse variances, especially on non-pay

Integrated and Specialist Medicine Clinical Group - Financial Performance

1. Summary Financial Performance

	This Month			Year to Date		
	Budget (£k)	Actual (£k)	Variance (£k)	Budget (£k)	Actual (£k)	Variance (£k)
Pay	(32,594)	(32,616)	(22)	(162,704)	(164,016)	(1,313)
Further Improvement Target	(16)	0	16	22	0	(22)
Internal Recharges inc Overheads	(11,611)	(11,611)	0	(58,056)	(58,034)	23
Non Pay	(11,004)	(14,996)	(3,992)	(56,219)	(65,105)	(8,886)
Income (Excl Clin Income Adj)	5,505	5,213	(291)	27,422	25,076	(2,346)
Total (Excluding Income Adjustment)	(49,720)	(54,010)	(4,290)	(249,535)	(262,079)	(12,544)
Clinical Income Adjustment (excl pass through D&D)	37,308	37,665	357	186,409	186,359	(50)
P/T Drugs & Devices Clinical Income	5,564	7,506	1,942	27,818	33,858	6,040
Total	(6,849)	(8,839)	(1,991)	(35,308)	(41,862)	(6,554)



Clinical Activity Volumes

Type	This Month			Year to Date			Vs 2019-20	
	Budget (#)	Actual (#)	Variance (#)	Budget (#)	Actual (#)	Variance (#)	2019-20 YTD	% of 2019-20
Elective								
Daycase								
Non-elective								
Outpatient New								
Outpatient F/up								
Imaging								
A&E attendances								

To Follow

Summary

YTD Position

The YTD position at M5 is £(6.6)m adverse. There was an in month adverse position of (£2.0m) for the Clinical Group

FIT

• **£(0.01m) Adv** - annual target (£0.1m) posted centrally within Integrated Care Management. Budget adjustment in month, hence, small FAV variance. Unidentified CIP remains in the pay and non-pay account lines in the I&E

CLINICAL INCOME - excl adj

• **£(2.45m) ADV cumulatively, (£0.29m) in month** - specific shortfalls against budget in CLIMP NuMed income, Pharmacy clinical tests.

CLINICAL INCOME - adj

• **£6.1m FAV YTD, £2.3m FAV in month** - £1.8m in month variance due to Drugs & Blood income, primarily within SAS, and Contract Adjustments, £0.35m, CLIMP & Med Spec. VCM Devices (PT) showed a FAV variance in month of £0.1m.

P/T DRUGS & DEVICES

• as above - £6.8m reported income in month, with expenditure being £1.5m greater than income, representing cumulative catch up.

PAY

• **£(0.02m) ADV in month, £(1.3m) Adv YTD**. Payroll costs are broadly aligned to budget in the month but remain over cumulative budget. Agency costs have increased in the month due to cumulative catch up within Med Spec, Pharmacy and T&R which were understated within M4. Bank staff costs are bank aligned to run rate after a 5 week reporting period in M4. Pay costs for the first five months (average) are £0.4m lower than the average monthly cost for the last five months of FY23/24.

• AGM, CLIMP, T&R & Management report adverse positions in month and cumulatively against budget. All other directorates report both FAV variances in month and YTD;

NON-PAY

• **£(8.9m) ADV YTD, £(3.99m) ADV in month**
 • £(4m) ADV for total drugs costs (pass-thru and non pass-thru), with (£6.6m) ADV variance YTD. Pass Through drugs expenditure at £8.3m in the month showed a notable spike against prior months run rate. PT Drugs exp exceeded income by £1.5m in the month, due to cumulative adjustments for AG-, CLIMP, Med Spec, SAS.
 • £0.7m FAV in month Purchase of H/C and £1.5m FAV cumulatively. This is in part due to the budget allocation within AGM at £0.25m per month;
 • £(0.04m) ADV in month & £(1.9m) YTD Clinical Supplies. The main pressure continues to be seen within Med Specs, although this is offset in part by P/T income. P/T Devices income cumulatively exceeds spend within CLIMP £85k & Med Specs £0.57m. There remains a continence supplies issue within ILS, of c£0.4m, for the FY

RECHARGES

• **£0.0m FAV in month**.
 • Internal Recharges and Overheads broadly aligned to budget for the ISM group. We are awaiting an update on the Pathology Activity charge.

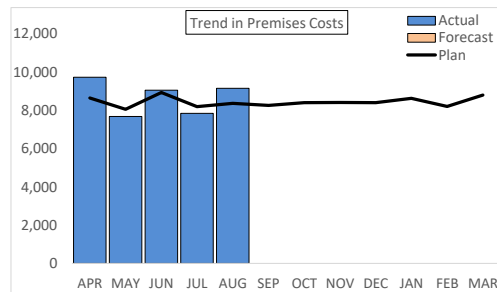
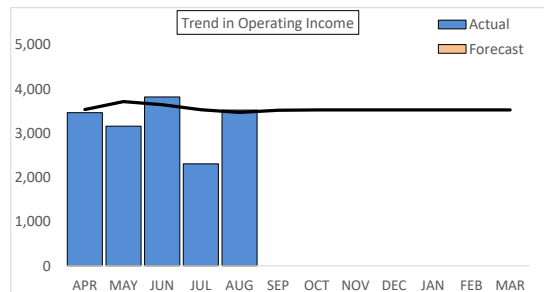
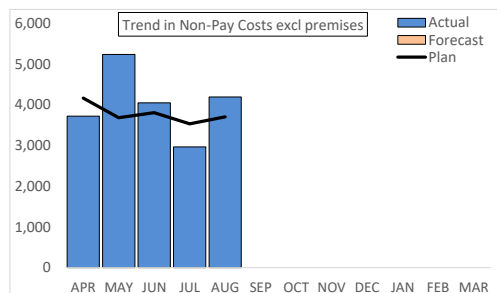
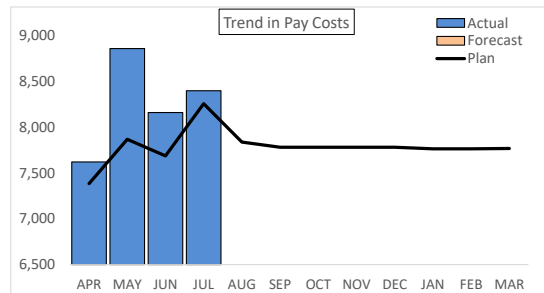
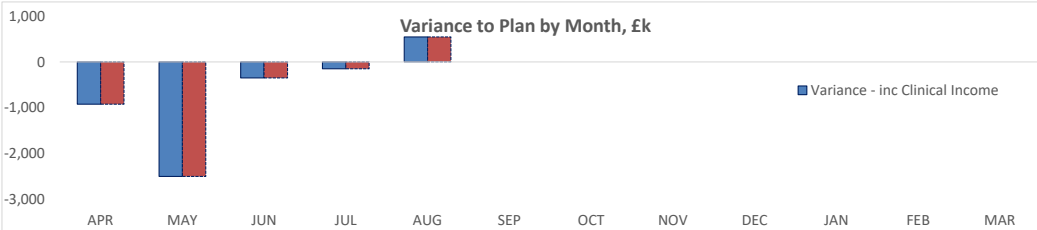
Key Issues

• **ISM: a number of the above and below matters are included in the CG financial improvement plan as workstreams to improve**
 • Principally focused on income within CLIMP (MHRA) and Pharmacy (clinical tests & external sales)
 • Pay continues to report a cumulative position (£1.3m) adverse against budget, although lower than last financial year. There remains individual challenges within AGM, CLIMP & Med Specs. The ISM Group current year Pay CIP challenge is £11.7m, of which £9.1m is identified and £2.5m unidentified. We are currently going through the approval process of all QIA's and aim to be drafting new schemes to replace any QIAs that are rejected, as well as on going review of existing and new schemes.
 • Drugs spend is higher than prior year run rate, £7.1m vs £5.5m average per month. We show a cumulative pressure against budget, with PT drugs being offset by pass through income. Drugs costs are now based on actual expenditure via the EPIC system. There was a cumulative correction of PT Drugs and Income in M5, of which we were not communicated. This represented a £1.5m ADV swing in the month (total £1.99m ADV).
 • Clinical Supplies continue to show a pressure against budget (YTD £1.9m - 12%) and a significant pressure in key areas as well as monthly expenditure remaining volatile. Within ILS, continence supplies costs remain high, aligned to last years budget overspend. Focus and trust support is required to bring to resolution.
 • The Clinical Group understand the requirement to ensure Non Pay costs are controlled and where possible kept within budget. The initial kick off meeting to discuss and make plans to reduce spend took

Essentia - Financial Performance

1. Summary Financial Performance

Type	This Month			Year to Date		
	Budget (£k)	Actual (£k)	Variance (£k)	Budget (£k)	Actual (£k)	Variance (£k)
Pay	(7,836)	(6,273)	1,563	(39,022)	(39,298)	(275)
Further Improvement Target	(195)	0	195	(939)	0	939
Internal Recharges inc Overheads	11,254	11,287	33	56,272	56,473	200
Non Pay	(12,136)	(13,435)	(1,299)	(61,431)	(64,079)	(2,648)
Income (Excl Clin Income Adj)	3,468	3,520	52	17,889	16,301	(1,587)
Total (Excluding Income Adjustment)	(5,445)	(4,900)	544	(27,232)	(30,603)	(3,371)
Clinical Income Adjustment (excl pass through D&D)	2,147	2,147	(0)	10,734	10,734	(0)
P/T Drugs & Devices Clinical Income	0	0	0	0	0	0
Total	(3,298)	(2,754)	544	(16,497)	(19,868)	(3,371)



Summary
YTD Position
 The Group reported an overspend of £3.4m to the end of August.

- Income £1.6m under achieved**
 The position includes a shortfall on E&U income of £1.2m as the cost per unit chargeable has reduced. There are also historic contract losses of £0.6m which the Group is looking to close with new contracts.
 The Group has reviewed the income received for services provided to other NHS bodies and the income shown is £0.2m below plan offset by an underspend in pay.
 Offsetting these under recoveries are pass through waste income (£0.4m) and additional charges to KCL (£0.2m)
- Pay £0.3m over plan**
 In month the pay position has improved with £1.3m of costs charged to capital.
 In the overspend, £1.1m relates to services that were included in the internal recharges. This mainly relates to St Thomas' site services.
 Costs of the theft at Harefield are £0.2m and there are £0.2m of backdated costs in security and Q&I. These overspends are offset by underspends in PTS,Guys engineering and SSD. The PTS and engineering positions are in turn offset by additional non pay costs.
- Non-Pay £2.6m over plan.**
 The Group has seen a significant rise in reactive works where costs are £2.0m over plan.
 The costs of PTS and other transport are £1.6m over plan due to issues with the PTS contract and on going costs not funded in business planning.
 The Group has incurred costs in Hard FM and rates of £0.3m relating to new business cases.
 The cost of the new waste contract is £0.7m over plan due to initial operational issues which have now been resolved and the position should stabilise.
 Costs of £0.6m over plan relate to services that were part of internal recharges such as taxi hire and postage.
 The costs noted above are offset by an underspend in energy and utilities of £3.4m relating to price and volume reductions.
- Internal recharges £0.2m over achieved**
 This refers to the continuing recharges for hosted services.
- CIPs £0.9m over achieved**
 The overachievement to date is mainly due to vacating of properties.

Key Issues
 The Group still has an underlying deficit of c£8m relating to the costs relating to internal recharges and unfunded pressures. In year the forecast is a deficit of c£5m.
 In year there are potential pressures around properties across GSTT and contracts at RBH.
 The Group is still looking for CIP opportunities and the fortnightly Directorate calls continue to review the position for 24/25.

Board of Directors Public Meeting
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Drivers of YTD Group Variances - Corporate and Other £000

Variance Type	Pay	Further Improvement Target	Internal Recharges	Non Pay	Income (Excl Clin Income Adj)	Total (Excl Clin Income Adj)	Internal Income Adjustment (Offsets with Trust Income)	Total (Incl Clin Income Adj)
Chief Operating Officer	(712.0)	(705.5)	(0.0)	(1,746.2)	(49.1)	(3,212.7)	0.0	(3,212.7)
Director of Finance	551.7	(1,013.1)	(9.7)	1,355.5	(284.4)	600.1	108.0	708.1
DT&I	273.1	(2,113.8)	0.0	(4,304.6)	2,467.8	(3,677.5)	0.0	(3,677.5)
Workforce	134.7	(901.3)	49.4	(961.3)	(566.8)	(2,245.3)	1,145.9	(1,099.4)
Chief Executive	896.5	85.4	(1,343.2)	1,009.6	(209.5)	438.9	15.8	454.7
Hosted Services	251.1	0.0	27.3	(644.4)	493.4	127.3	0.0	127.3
Medical Director	529.1	(512.2)	(3.5)	(6,408.7)	8,090.9	1,695.6	1,429.0	3,124.6
Chief Nurse	(164.2)	(575.0)	0.0	97.0	151.5	(490.8)	(14.5)	(505.3)
GSTT R&D NIHR	(171.5)	0.0	313.9	981.4	(1,131.3)	(7.6)	0.0	(7.6)
Commercial	0.0	0.0	(0.0)	0.0	0.0	(0.0)	0.0	(0.0)
GSTS Pathology Payroll	0.0	0.0	0.0	(0.7)	0.0	(0.7)	0.0	(0.7)
Other Adj	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Corporate	1,588.5	(5,735.5)	(965.8)	(10,622.6)	8,962.6	(6,772.8)	2,684.2	(4,088.6)
Trust Income	0.0	0.0	0.0	0.0	17,617.1	17,617.1	(13,376.2)	4,240.9
Reserves	(1,462.8)	(7,304.6)	0.0	3,557.4	874.4	(4,335.6)	2,404.3	(1,931.3)
Pathology	27.3	(77.5)	0.0	(603.8)	1,154.8	500.9	3.0	503.9
Interest Receivable	0.0	0.0	0.0	2,399.1	0.0	2,399.1	0.0	2,399.1
Vaccination Programme	(1,843.4)	0.0	0.0	(631.2)	2,479.2	4.5	0.0	4.5
Coronavirus [HCOVID]	0.0	0.0	0.0	58.7	0.0	58.7	0.0	58.7
GSTT Enterprises Ltd	(52.3)	0.0	0.0	884.3	0.0	832.0	0.0	832.0
Pathology Services Ltd	0.0	0.0	0.0	(232.4)	0.0	(232.4)	0.0	(232.4)
Lexica	(2,457.3)	0.0	0.0	(913.9)	2,564.4	(806.9)	0.0	(806.9)
Other	0.0	0.0	(425.0)	(238.1)	(1.7)	(11,633.8)	0.0	(664.9)
Total Other	(5,788.6)	(7,382.0)	(425.0)	4,765.2	24,688.2	4,888.7	(10,968.9)	4,888.7

Summary - YTD Position

COO:

Directorate is reporting a YTD adverse position of £3.2m as of M5. The two primary contributors to this variance, excluding the YTD unmet CIP of £705k, are the unfunded Independent Sector expenditure of £1.6m YTD, and the unfunded costs of the Post Apollo stabilisation team. The latter, which was approved by TEC earlier in the year, has incurred a YTD expenditure of £1.1m

Director of Finance:

The Director of Finance reports a year-to-date favourable variance of £708k in M5, consisting of £796k favourable variance from Finance and £88k adverse variance from Procurement.

The positive contribution from **Finance** is mainly attributed to pay underspends of £358k YTD due to vacancies, and Non-pay underspend of £636k YTD. This is driven by an overachievement in estimated VAT savings from Pharmacy outpatients, favourable by c£531k YTD and favourable £160k variance from the Overseas Visitors Bad Debt Provision, resulting from a change in methodology this month. Actuals are now recorded centrally, rather than adjustment to the variance as done in the prior month. This was partially offset by an adverse variance due to a n unmet FIT target of £384k YTD.

In **Procurement**, the main drivers of the variance are pay underspends of £194k YTD and Non-Pay underspend of £719k YTD, primarily due to:

- The release of CEVA Accrual £500k in M4 following the resolution of the dispute.
- Benefit from Eleanor Contract accrual £155k. Contract expired in April-24 and the service is being brought in-house, with the associated expenditure accrual overestimated.

However, these favourable variances are offset by an underachievement against historical income targets of c£ 358k YTD and unmet FIT target of £628k YTD.

DT&I:

DT&I reports a YTD overspend of £3.7m in the main drivers behind this position include:

- Unmet FIT target of £2.1m YTD
- Unfunded revenue impact from approved Capital Development business cases £445k YTD
- Partially funded Healthcare communications contract for SMS and postage, amounting to £889k YTD
- Prior year KCH expenditure of £230k and VAT effect on income from KCH £244k
- Additional Apollo-related charges from EPIC, £784k YTD

This overspend is partially offset by an estimated Redundancy accrual benefit of £ 539k YTD.

Workforce:

The Directorate reports a YTD adverse position of c£ 1.1m as of M5. The key contributing factors to this variance include:

- YTD unmet FIT Target of £901k
- YTD VISA charges totalling £893k, covering for both legacy RBH and GSTT. These charges continue to be a pressure as the Workforce directorate doesn't hold the budget.
- Occupational Health Income target is behind plan by c£310k YTD due to historical income targets. A number of external contracts have ended, including:
 - SLAM and SWLSTG (Annual Contract value of £366k)
 - Unison Contract (Annual value of £35k)
 - KCL Med School (Annual contract value £311k)

Chief Executive:

The Directorate reports an overall favourable position of £ 455k in M5. Both **Chief Executive** and **Deputy Chief Executive** are reporting a combined favourable variance of £566k, attributed to underspends in Pay and Non-Pay.

Private Patients is reporting a YTD adverse variance of £111k, primarily driven by the ongoing issue of historically overstated Internal Recharges budgets, which shows a £661k adverse YTD position. However, this is offset by the pay and non-pay underspends.

Hosted Services:

Hosted Services report a YTD favourable variance of £127k. The main driver of this position is HIN, with a YTD favourable variance of £132k, reflecting an improvement of £30k compared to last month. The improvement is largely due to catching up on income as a result of receiving better information from the service that was not recorded in previous months.

Medical Director:

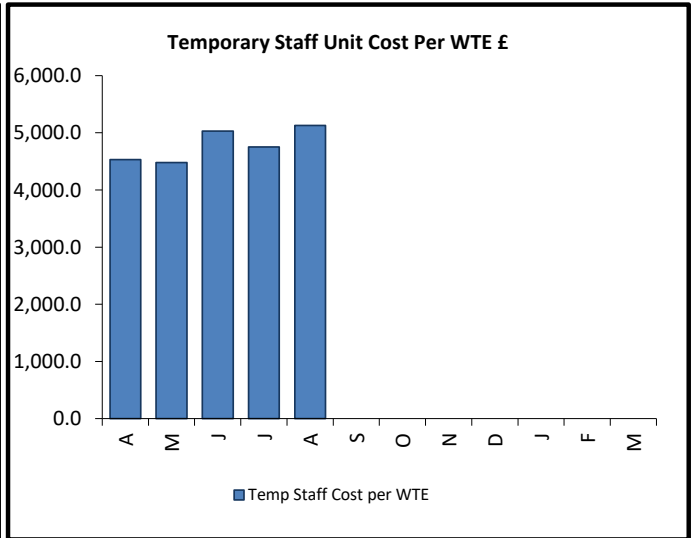
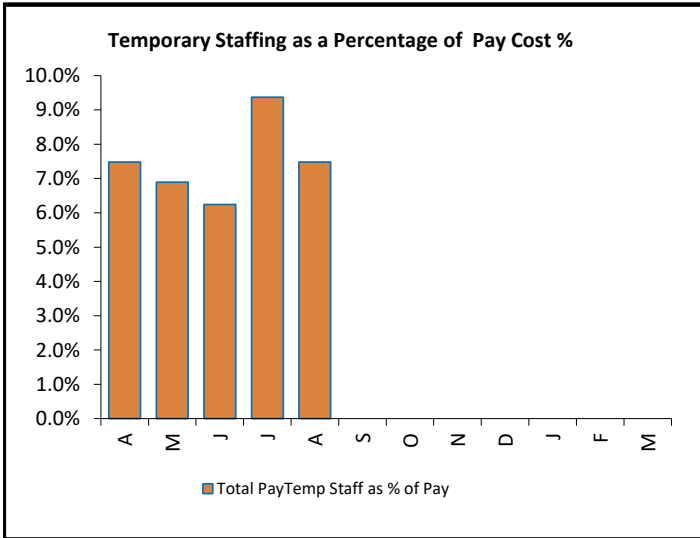
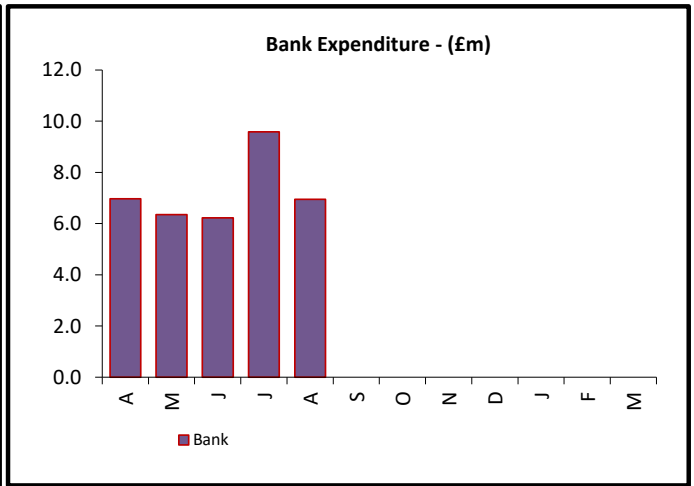
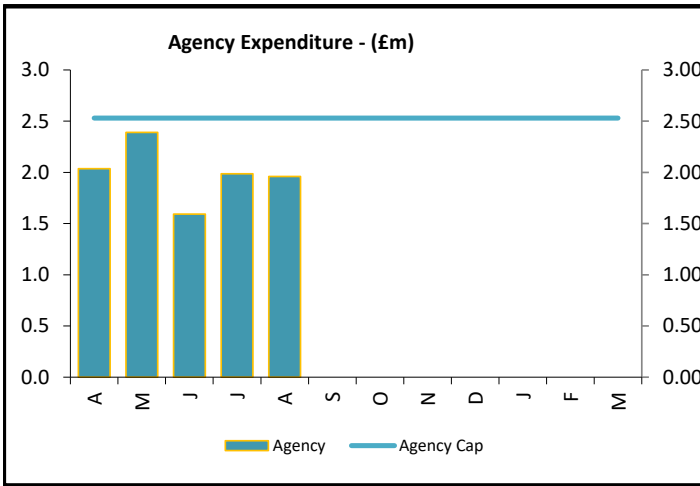
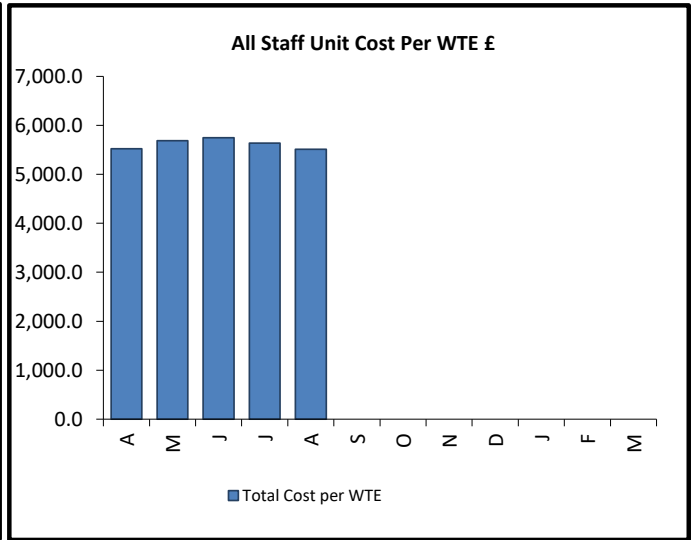
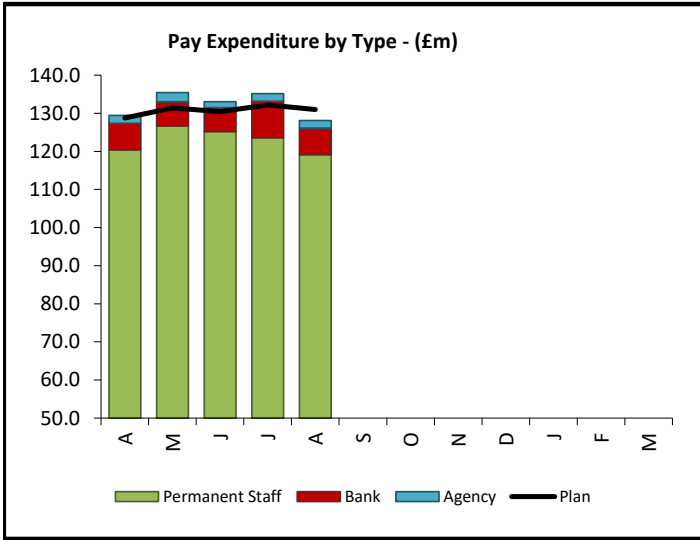
The directorate reports an overall YTD favourable position of £ 3.1m in M5. This is predominantly attributed to:

- **Genomics**, with a favourable YTD variance of £3.2m due to an income uplift from NHSE, with budget adjustments still pending.
- **Quality and Assurance**, reporting a favourable YTD variance of £246k, partially due to overstated Medical Examiner income c£65k
- Conversely, the **Medical Director** presents a YTD overspend of £289k, primarily due to unmet YTD FIT target of £436k, which is partially offset by the income overachievement and pay underspends.

Chief Nurse:

The Directorate has recorded an adverse YTD balance of £505k in M5. This is due to a combination of factors, including unmet the FIT target (£575k YTD) (currently phased in twelfths but delivery is forecast towards the

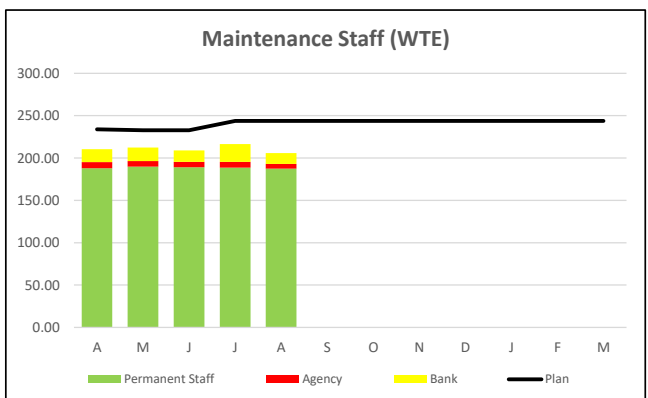
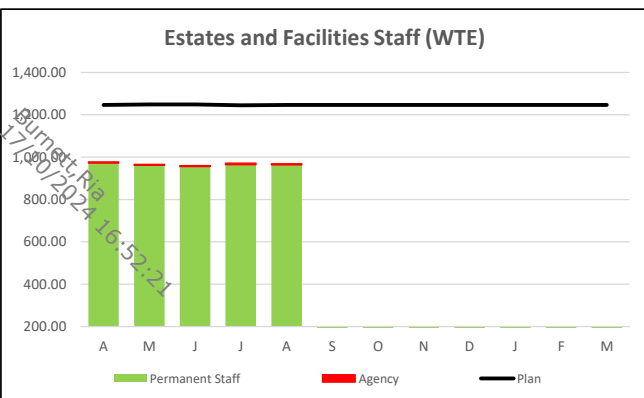
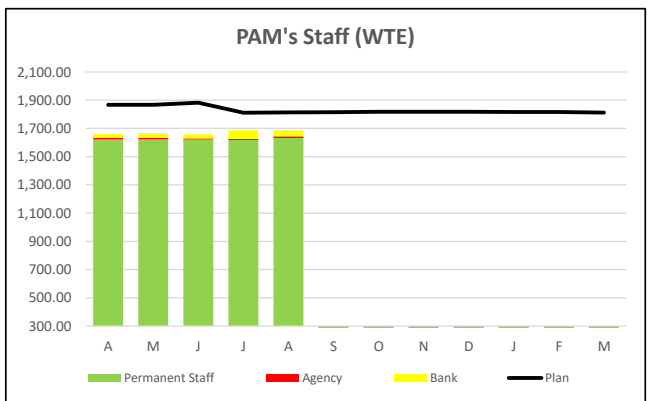
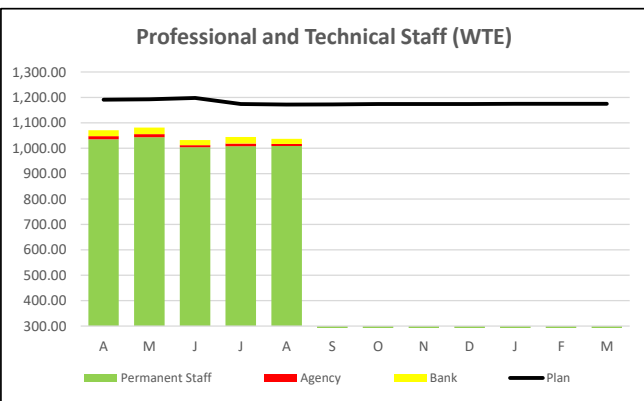
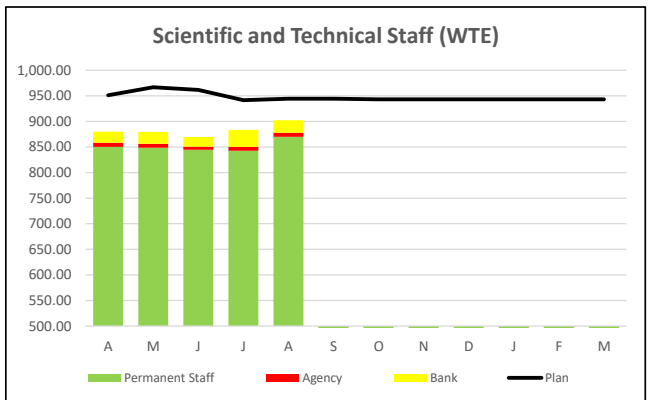
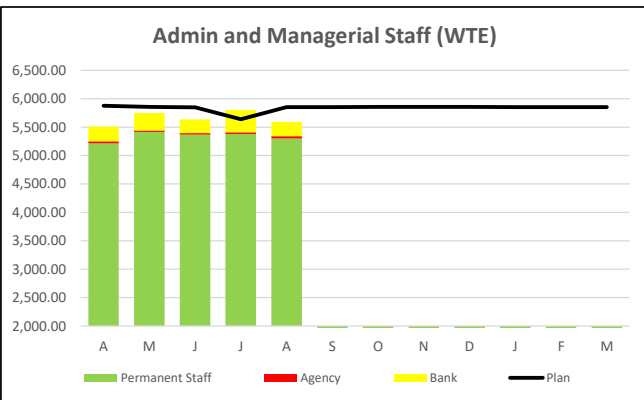
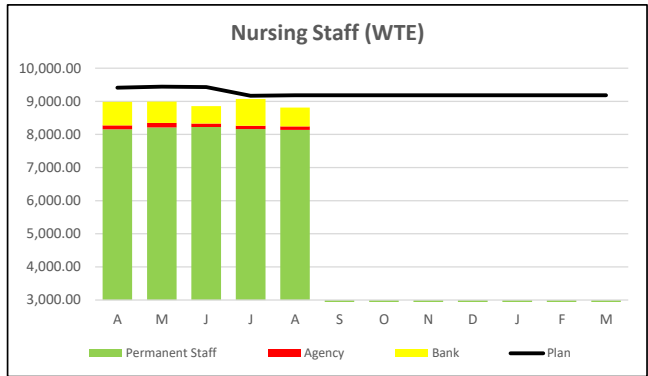
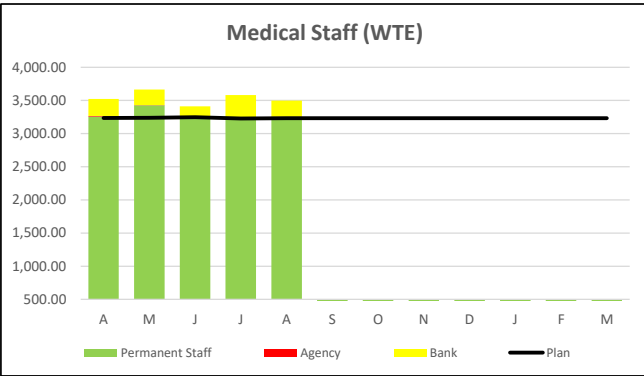
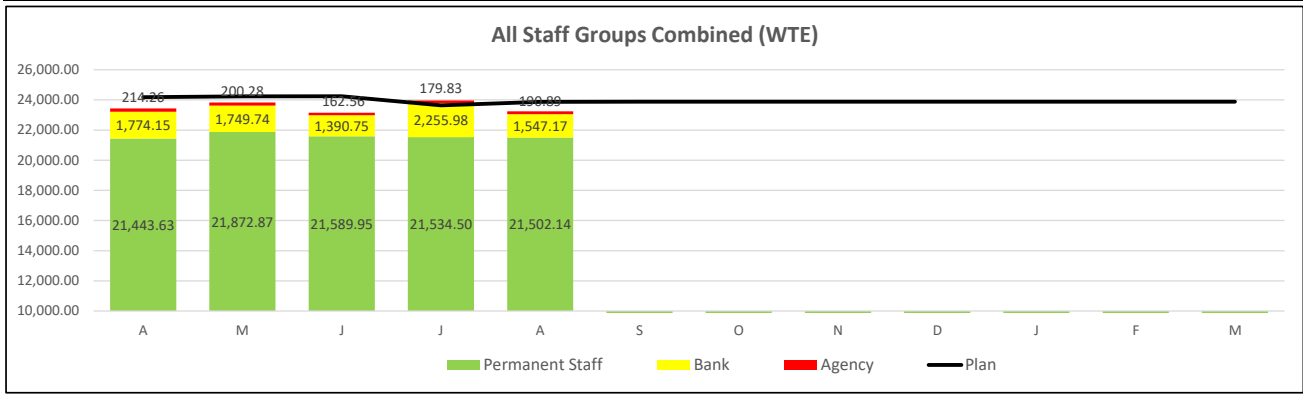
Key Payroll Metrics - Trust



The NHSE agency cap for the Trust for 24/25 is £2.53M per month (based on 100% of 23/24 spend). YTD the Trust has been averaging agency spend of £2.0M per month; £0.53M below the 24/25 cap, for the current month the Trust was below the agency cap by £0.57M.

Bank expenditure, when flattened to take account of 4 or 5 week months is c.£7.22M per month, this is below the trend noted in 2023/24 of £8.5M, driven by the impact of the industrial action. The Trust is in the process of reviewing its temporary staffing controls.

Staffing Utilisation (WTE's) - Trust



Trust Capital Programme

Source	Current Mth Plan	Current Mth Spend	Current Mth Variance	YTD Capital Plan	YTD Spend	YTD Variance	Capital Plan
	£000	£000	£000	£000	£000	£000	£000
In-Flight Programmes							
TYA Cancer Ward relocation	307	426	(119)	1,534	2,575	(1,042)	3,680
East Wing Critical Care Unit	60	20	39	298	171	127	715
Nuffield Theatres	48	(6)	54	239	576	(337)	574
DTI Strategic Network	265	302	(37)	1,326	908	418	3,183
Telephony refresh	106	66	40	531	431	101	1,275
Investment in MedTech company	58	0	58	292	0	292	700
Mary Seacole Centre (Joint Imaging)	41	117	(76)	206	343	(136)	495
Allowance for further slippage of 23-24 schemes	250		250	1,250		1,250	3,000
Maternity Assessment Unit	49	58	(9)	244	196	49	586
Third Obstetric Treatment Room	111	1	110	555	21	535	1,333
Linac at Guys	423	768	(345)	2,113	2,982	(870)	5,070
Data Centres	208	87	122	1,042	135	907	2,500
NHS Mail	167	21	146	833	128	705	2,000
Block Allocations							
Estates Maintenance Backlog	1,333	(99)	1,432	6,667	3,612	3,055	16,000
Medical Equipment (exl. Cath Labs)	1,333	473	860	6,667	4,383	2,284	16,000
DT&I	400	2	398	2,000	1,022	978	4,800
Infrastrucutre and Resilience							
Theatres	400	201	199	2,000	1,040	960	4,800
Cath Labs	525	26	499	2,625	155	2,470	6,300
Trust Major Programmes							
Paediatric Oncology	317	150	167	1,583	158	1,425	3,800
Surgical Hub	0	268	(268)		381	(381)	0
Central Assumptions							
Slippage	(442)	0	(442)	(2,208)	0	(2,208)	(5,300)
Others							
Asset Management	0	2,021	(2,021)	0	570	(570)	0
DT&I		292	(292)	0	1,169	(1,169)	
Others	0	(204)	204	0	(4,507)	4,507	0
TOTAL MTCP CDEL	6,332	4,991	1,341	31,658	16,458	15,200	76,000
Unallocated CDEL	0	0	0	0	0	0	16,450
TOTAL CDEL	6,332	4,991	1,341	31,658	16,458	15,200	92,450
Donations	0	421	(421)	0	1,805	(1,805)	5,000
TOTAL	6,332	5,416	915	31,658	18,263	13,395	97,450

Trust Balance Sheet - £000

	Opening Balance @ 31/03/24 £000	Closing Balance @ 31/08/2024 £000	Movement £000
Fixed Assets			
Property, Plant Equipment	1,760,910	1,754,846	(6,064)
Intangible Assets	151,998	137,507	(14,491)
Investment property	71,548	71,548	-
Trade & Other Receivables Non-Current	15,220	7,081	(8,139)
Other Financial Assets	1,954	2,422	--
Total Fixed Assets	2,001,630	1,973,404	(29,162)
Current Assets			
Inventories	50,730	52,861	2,131
Cash & Cash Equivalents	89,863	65,665	(24,198)
Trade & Other Receivables - Current	223,838	278,409	54,571
Total Current Assets	364,431	396,935	32,504
Creditors: Amounts Falling Due Within One Year	(434,335)	(494,466)	(60,131)
Borrowings: Amount Falling Due within One Year	(39,341)	(24,347)	14,994
Provisions For Liabilities & Charges	(5,658)	(3,343)	2,315
Net Current Assets / (Liabilities)	(114,903)	(125,221)	(10,318)
Fixed & Net Current Assets / (Liabilities)	1,886,727	1,848,183	(39,480)
Borrowings: Amount Falling Due More Than 1 Yr	(287,086)	(289,127)	(2,041)
Provisions For Liabilities & Charges	(12,639)	(12,784)	--
Public Dividend Capital	661,263	661,263	-
Revaluation Reserve	529,138	529,138	-
Other reserves	743	743	-
Retained Earnings	395,858	355,128	(40,730)
Total Taxpayers Equity	1,587,002	1,546,272	(40,730)

The Trust closed the month with a cash balance of £65.7M, a decrease of £24.2M from the opening balance on 1st April 2024.

An analysis of the reduction in cash is contained on P15.

Trust Cashflow

Apr-24 £m Actual	May-24 £m Actual	Jun-24 £m Actual	Jul-24 £m Forecast	Aug-24 £m Forecast	Sep-24 £m Forecast	Oct-24 £m Forecast	Nov-24 £m Forecast	Dec-24 £m Forecast	Jan-25 £m Forecast	Feb-25 £m Forecast	Mar-25 £m Forecast
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Opening Balance	90	107	74	69	48	65	55	68	66	55	58	50
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RECEIPTS												
NHS Acute Activity Income	201	188	196	194	210	201	201	201	201	201	201	201
Education/Merit awards/R&D	20	5	0	23	0	0	20	5	0	20	0	0
Other income	44	32	32	38	38	36	35	35	35	35	35	35
Loan / PDC received	0	0	0	0	0	0	38	0	0	0	0	0
PDC Received - Cyber Security	0	0	0	0	0	0	0	0	0	0	0	0
Sub-total Receipts	265	226	228	255	248	237	294	241	236	256	236	236
PAYMENTS												
Salaries & Wages	72	75	72	74	78	74	74	74	74	74	74	74
PAYE / Superannuation/ NI	58	58	54	57	57	58	58	58	58	58	58	58
Creditors	116	127	103	144	96	96	148	110	113	120	109	100
Dividend Paid / Loan repayment	1	0	3	0	0	20	1	1	3	0	3	23
Sub-total Payments	248	259	233	275	230	247	281	242	248	253	244	254
Net in Month Cash Movement	17	-33	-5	-21	18	-10	13	-1	-12	3	-8	-18
Subsidiaries Bank Bal.	5	5	5	5	4	5	5	5	5	5	5	5
Closing Balance	107	74	69	48	66	55	68	66	55	58	50	31

Debtors	> 90 Days £m's
NHS debtors	19.1
Contract ICB debtors	6.4
Non-NHS debtors	54.4
Total	79.9

Creditors	> 90 Days £m's
NHS creditors	13.4
Non-NHS creditors	30.6
Total	44.0

Cashflow Movement to Current Balance	£m's
Opening balance 1st April 2024	89.9
I&E YTD Deficit	-40.7
Bal' Sheet Flexibility - Non Cash	2.7
Depreciation - Non Cash	41.0
Contract payment shortfalls	-15.3
PDC	16.3
VAT Rebate	9.0
Capital Payments	-9.4
Loan Repayments	-8.3
Cash Support	0.0
Movement in Working Capital	-19.8
Closing balance 31st August 2024	65.4

The Trust began the new financial year with a cash balance of £90m, which had decreased to £65.7m by August month-end.

The primary cause of the reducing cash balance is slow collection of debtors, unagreed contracts with commissioners and the underlying I&E deficit. To maintain liquidity creditor runs continue to be suppressed and consequently the current backlog of approved and overdue invoices is approx £80m. This generates ongoing pressure on Creditor payments, even though our outstanding debtors compare favourably, proportionately, to most other NHS organisations.

A significant element of our non-NHS debtor position is driven by Private Patient debt, for the most part successfully collected, albeit some elements (Embassies), taking a prolonged period of time to collect. Overseas visitor debts can also be problematic to collect. Additional collaborative working measures are being developed to progress a co-ordinated approach to billing and collection across all areas of our Private Patient work.

In terms of capital payments of £9.4m ytd, there are £9.1m in 23/24 accruals still outstanding.

Please note that:

- the above forecast figures include an estimated £38m capital cash support receipt from NHSE in October. If this request is successful it will allow the delivery of the full capital plan for 24/25. No estimate is currently included for the retrospective capital support request, or the revenue funding request, both of which are also lodged with NHSE.
- forecast figures do not factor in any pay award (or funding)
- creditor payments is the element of the forecast over which we have most control, and the forecast has been set to achieve month-end balances, whilst still allowing for some degree of creditor payments (although noting the considerable backlog of pending payments).

BPPC YTD performance 2023/24		
	Volume %	Value %
NHS Invoices	68%	58%
Non NHS Invoices	71%	83%
Total	70%	71%

**BOARD OF DIRECTORS
PEOPLE, CULTURE AND EDUCATION COMMITTEE**

**Wednesday 11th September 2024, 9am – 12pm
Roben's Suite, Guy's Hospital**

Members Present:	Miranda Brawn (Chair)	Felicity Harvey
	Crystal Akass	Deirdre Kelly
	Gubby Ayida	Daghni Rajasingam (for Simon Steddon)
	Avey Bhatia	Lawrence Tallon

In attendance:	Edward Bradshaw	Sandra Noonan
	Ria Burnett (minutes)	Tendai Wileman
	Jay Dungeni	Andrea WilliamsMckenzie
	Wathik El-Alami	Claire Wills
	Paul Mouzouros	

1. Welcome and Apologies

1.1. The Chair welcomed colleagues to the meeting of the People, Culture and Education Committee (the Committee) and particularly to Crystal Akass, the new Chief People Officer. Apologies had been received from Ian Abbs, Charles Alexander, Anita Knowles and Simon Steddon.

2. Declarations of Interest

2.1. There were no declarations of interest.

3. Minutes of the previous meeting held on 5th June 2024

3.1. The minutes of the previous meeting of the Committee were agreed as an accurate record.

4. Review of Action Log and Matters Arising

4.1. The Committee reviewed the action log. It was agreed that actions 11 and 105 could be closed.

4.2. The Committee was asked to reflect on the recent racial civil unrest in the United Kingdom and asked to keep in mind during the meeting how the Trust could incorporate anti-racism and inclusion into ways of working. It was reiterated that the Trust took a zero-tolerance approach to racial abuse.

5. Board Assurance Framework Risks

5.1. The Committee owned two strategic risks on the Board Assurance Framework (BAF), regarding the recruitment and retention of sufficient numbers of staff to deliver high-quality services, and the health and wellbeing of these staff. These risks would be kept in mind during discussions.

6. People, Culture and Education Committee – One year in: reflections from the Committee Chair and the new Chief People Officer

6.1. The Committee had been established in September 2023 and the Chair reflected on the first year of its operation. In her view, the Committee had helped give the Board assurance around the work being done across a number of key areas; a challenge going forward would be to ensure sufficient time was spent on all three main parts of its remit. Whilst it had been helpful to reflect on the issues, risks and challenges in these areas, the Committee should adapt its focus to ensure initiatives such

as the anti-racism statement were making a difference to the Trust's workforce in order to support the Trust to achieve its priorities.

6.2. The Chief People Officer, who had joined the Trust the previous month, gave her early observations about the many things the Trust did well and the opportunities to strengthen ways of working. The Trust had a good external reputation, was a destination employer for many people and had talented staff. However, the recent NHS staff survey results had fallen short of the Trust's high standards and these, together with other operational workforce metrics and the ongoing industrial relations issues, indicated there was more that the Trust should do to address staff concerns. In her view, the Trust needed to focus on the following areas:

- Ensuring its inclusion objectives were at the core of everything the Trust did, from its day-to-day operations to its major programmes;
- Building a culture of strong leadership to lead and inspire staff, as a key enabler of improved clinical and operational performance;
- Having a relentless focus on staff engagement as another key enabler of improved performance;
- Increasing uptake of education, to help staff build, develop and use their skills more effectively; and
- Being aware of the 'organisational posture' to drive the benefits from the merger through empowering staff and devolving ownership.

6.3. There was strong support from Committee members for the proposed areas of focus that had been set out. It was recognised that there was more that could be done to create an anti-racist culture, including to increase the visibility of white allies and create cultural change. Staff were now able to use the RADAR system to report instances of racism, and the Trust could use this data to track improvement and take steps to address violence and abuse towards staff. The Committee discussed how these values could be tested, for example when the Trust decided to exclude a patient for inappropriate behaviour which, although rare, had happened.

ACTION: Avey Bhatia to provide the criteria by which a patient could potentially be denied care as a result of their treatment to Trust staff.

6.4. In discussion it was agreed that the focus on staff engagement could be unlocked by a 'you said, together we did' approach to resolving issues such as clean spaces to take comfort breaks and have a hot meal, which would see a real impact on morale, health and wellbeing. Engagement itself could be tracked through participation in the NHS staff survey, including setting the expectation that the survey really mattered. This would increase participation and enable the Trust to harness priorities and deliver on expectations and required improvements at pace. HR processes currently seen as a barrier also required modernisation to support workforce improvements.

6.5. Focus on education, upskilling and developing existing staff talent was vital. There should also be increased attention on medical education as there were opportunities to progress. It was suggested that more could be done to engage with undergraduates and identify ways to ensure that they returned once qualified. The Trust's apprenticeships programme was regarded as good and should continue to improve.

6.6. There were reflections on the support offered by the Trust's charities, which had been a key enabler for a lot of work. Part of this offering was the psychology service, and feedback received from the service supported the view that there was a disconnect with staff engagement and the delivering of objectives. The Trust was good at communicating outwards with broadcasts, however, there should be an organisational shift towards two-way engagement with staff. Platforms should be provided, to hear from staff, particularly those from a global majority background, to demonstrate their voice matters, including on issues such as their development experiences.

7. GMC National Training Survey 2024

- 7.1. The Committee received an update on the outcome of the mandatory annual national training survey conducted by the General Medical Council (GMC) that gathered feedback from all medical trainees across the United Kingdom. The survey was a crucial benchmark for assessing the quality of medical education and training at the Trust, comparing results across different specialities and institutions.
- 7.2. A detailed overview was presented on the approach to the survey, including the steps taken to encourage staff to participate. The Committee was pleased to note that the 2024 survey results showed significant improvements compared to 2023. Overall, the Trust had benchmarked second against peer Trusts in the Shelford Group.
- 7.3. For doctors in training, although quality of training, both clinical supervision and quality of experience, remains high, there were opportunities for improvement in key areas of wellbeing, rota design and development of leadership skills. Further, discriminatory behaviours were experienced in some healthcare environments. For trainers, although the majority enjoy their role, there were issues around adequate time and support for training, wellbeing and rota design. The Committee supported the proposed key actions to address the identified areas of risk and ensure the improving results were sustainable.
- 7.4. It was acknowledged that committed trainers found training to be an extremely fulfilling area of their role. There was also a direct link between job satisfaction and educational support. As such, the Trust should demonstrate support in this area, particularly to strengthen its position as a leading teaching organisation.
- 7.5. Committee members agreed that the Trust needed to be more ambitious with its appetite for change, beyond the things it should be doing as standard such as providing lockers, places to change and healthy meal options out of hours. The Trust should strive to go further on providing education support as ultimately this would be the real driver to encourage staff to stay with the organisation on a long-term basis.
- 7.6. There was a query about the GMC trainer survey and the Committee noted that engagement was very low. There was also a discussion about Certificate of Eligibility for Specialist Registration (CESR) and what further actions the Trust could take to support engagement. There was a responsibility to hear from around 800 resident doctors, previously referred to as junior doctors, within the Trust who were from global majority backgrounds and would provide a different perspective.

8. Improving the Employee Experience: Focus on Disabilities and Neurodiversity

- 8.1. The Committee received an update on the progress of the programme established to improve the experiences of all staff. An Equality, Diversity and Inclusion (EDI) improvement Programme Board had been established in 2023 to support the Trust Executive Committee in designing and overseeing the delivery of the transformation of the Trust's operations around employee experience. The focus on staff with disabilities made up one of the projects within the improvement programme.
- 8.2. The Committee discussed the results which showed 4% of staff had declared a disability, 24% below the national average. There was debate about the possible reasons for this. Nationally, the data was two years old by the time it was received and there needed to be mechanisms in place for quicker access to the responses to enable actions to be taken in a timelier manner. The Trust could also go further to drill down into the analytical data to gain a deeper understanding of needs.
- 8.3. There was a discussion about mental health and there was data suggesting an increase in access to staff psychology support and other health and wellbeing measures which aimed to help improve the resilience of staff.

8.4. The Committee reflected that the Trust must be clear on specific tangible actions for improvements otherwise no real change would be realised. Committee members recognised that there was still work to do to improve the experience of staff with disabilities and neurodiversity, and endorsed the proposals in the programme. For the next Committee meeting, there would be agenda time for a detailed discussion on EDI inequities.

9. 2024 NHS Staff Survey Update

9.1. The Committee received an update on the key themes resulting from the 2023 NHS staff survey results. It was disappointing to note that engagement with the survey had declined by 9% since 2021. The results had highlighted a number of recurring issues faced by Trust staff confirming a progressive decline in the Trust's engagement levels over the past three years. An action plan had been developed, in response to the survey feedback, to help drive short- and long-term change initiatives at an organisational level.

9.2. An overview was provided on the approach for the 2024 NHS staff survey and the proposed initiatives to encourage engagement. It was noted that the launch date would be brought forward to allow a longer window for completion. There would be more visibility of 'You Said, Together We Did' messaging, locally and at all-staff briefing sessions to highlight the improvements that had been made.

9.3. The Committee was particularly supportive of the proposal for leaders and managers to include an objective to complete the survey as part of annual performance review meetings. The recommendation to encourage protected time for completion of the survey was also noted.

9.4. There were several reflections from the Committee on the importance of the survey and its significance to all staff, day in and day out throughout the year.

RESOLVED:

9.5. The Committee supported the recommendations set out in the report.

10. People Performance Metrics Dashboard

10.1. The Committee noted the people performance metrics dashboard. There was a discussion about cost improvement plans and the Trust's progress in meeting the planned workforce reduction. A query was raised about performance against the new sickness absence policy that was launched earlier on in the year, however, the benefits had not yet been measured.

11. People, Culture & Education Board Assurance Framework

11.1. The Committee reviewed and approved the proposed updates to the two workforce related risks on the BAF. A number of key action points were noted by the Committee. Overall, no changes had been made to the sufficiency of controls and the assurance level remained at substantial for both risks.

12. Any Other Business

12.1. There was no other business raised by the Committee.

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**BOARD OF DIRECTORS
QUALITY AND PERFORMANCE COMMITTEE**

**Wednesday 10th July 2024, 1:30 pm – 4:30 pm
Robens Suite, Guys Hospital / MS Teams**

Members present: Pauline Philip (Chair) Felicity Harvey
Avey Bhatia Deirdre Kelly
Jon Findlay Ruth Liley (for Simon Steddon)

In attendance: Joe Atkin (Item 12) Pia Larsen (8.1)
Gubby Ayida Kemi Lawal (minutes)
Edward Bradshaw Ruth Liley
Gina Brockwell (item 11) Mark Mason
Sarah Clarke Gary McAllister
Louise Dark Sean McCloy
Kelly Fisher(item 6) Damien O'Brien
Richard Grocott-Mason Nick Price (item 6)
Amy Hooton (item 6) Cindy Sethi
Mala Karasu (item 8.1) Jacqueline Sinclair
Anita Knowles Kalpesh Thanki

1. Welcome and apologies

1.1. The Chair welcomed colleagues to the meeting of the Quality and Performance Committee (the Committee). Apologies had been received from Ian Abbs, Charles Alexander, Simon Steddon and Lawrence Tallon.

2. Declarations of interest

2.1. There were no declarations of interest.

3. Minutes of the previous meeting

3.1. The minutes of the previous meeting held on 3rd April 2024 were approved as an accurate record.

3.2. It was noted that, since the previous meeting, the Committee had approved the Trust's 2023/24 Quality Accounts in correspondence.

4. Review of the action log

4.1. Updates were received regarding the open actions from the action log, several of which were closed, including those related to EPIC user devices ED x-ray equipment, and mental healthcare provision.

4.2. An update would be presented on the quality management and improvement strategy at the next committee meeting in September.

5. Board Assurance Framework (BAF)

5.1. The Committee noted the BAF strategic risks for which it was responsible, namely operational performance, quality of care and the clinical impact of the Trust's estates infrastructure.

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6. Patient Story

- 6.1. The Committee received an overview of how the Trust was using the new Patient Safety Incident Response Framework (PSIRF) to put patients and their families at the centre of the process to investigate and learn from serious incidents. Two examples were provided to illustrate this: one regarding a baby and the other an elderly gentleman who was deaf, non-verbal and with early onset dementia. Trust staff had adapted their approaches to seek feedback in ways that best-suited the patients and their families, which in both cases led them to feel the process had been beneficial and had supported recovery.
- 6.2. The importance of incorporating the patient voice into incident investigations was emphasised as a powerful way to drive learning and change. Committee members agreed that patients and their families should be consulted on how they wanted to be heard, and would be encouraged and supported to share their stories at Trust Board meetings.

7. Feedback from Trust site visits

- 7.1. The Committee noted feedback from a non-executive director's recent visit to the Emergency Department. This had shown the operational impact of the Synnovis cyber-attack incident was being well-managed, although staff in the department felt the incident had not had a significant impact on operations, except in getting results from blood tests in a timely manner. There had also been a productive discussion with the Mental Health Liaison Officers about the steps needed to ensure patients with mental health conditions received appropriate treatment. Some concerns were expressed regarding patients' experience with secure transport services; work was already underway to look at this more closely.

8. Quality and safety update

- 8.1. Good progress had been made regarding the implementation of PSIRF and the new risk management system, Radar, across the Trust. Together with the continued embedding and stabilisation of the new electronic patient record system, Epic, these were key driving factors that were expected to increase the level of assurance provided to the Board regarding the quality and safety of services provided by the Trust.
- 8.2. The Committee noted that the Trust was closely monitoring the clinical impact of the operational disruption caused by the cyber-attack on Synnovis and capturing any instances of harm to patients. These incidents would then be carefully investigated and, where appropriate, duty of candour requirements undertaken. Committee members expressed concern around the indirect impact of the cyber-attack, which included an increasing number of overdue complaints. This led to discussion about the steps the Trust was taking to increase the speed of responses to complaints and to ensure investigations were completed in a timely manner.
- 8.3. It was reported that two never events had occurred since the last Committee meeting; these were being investigated. There was discussion about how staff were learning from deaths and themes from incidents in maternity services.
- 8.4. The Committee noted key points from the safeguarding reports and patient experience reports. Management was commended for having reduced the vacancy rate of nursing and midwifery staff to under 10%. The Committee received an update on infection prevention and control, (IPC) noting a low rate of C. Difficile and E.coli bloodstream infections compared to peer organisations. There have been nine healthcare-associated MRSA bloodstream infections during 2023/24. Learning identified during post-infection reviews of these cases, especially related to vascular access devices, had been shared with clinical leaders in the organisation and frontline clinical teams. More information was sought about the increase in cases of MRSA blood stream infection and the actions being taken to reduce this. A multi-professional group had been formed to develop a pilot intervention to improve the management of vascular catheters and urinary catheters, aiming to reduce the risk of infection

and other complications. The Committee noted progress with the implementation of Buggy, the specialist IPC application within Epic, which would enable the Trust to better-manage IPC risks.

- 8.5. The Water management concerns about Legionella disease were discussed, particularly in relation to the Trust's ageing infrastructure. Assurance was given that processes were in place to manage these risks, and it was noted that the internal controls to prevent and contain any spread of legionella had been strengthened.

Modern Slavery and human trafficking annual statement

- 8.6. The Committee received the annual statement as a declaration of the Trust's position in ensuring that modern slavery and human trafficking are mitigated against within its supply chain and workforce recruitment. The Committee noted that, whilst the Trust's supply chains were often very complex, the Trust was taking all steps within its control to take due assurance from third parties and apply its own safeguarding processes wherever appropriate.

RESOLVED:

- 8.7. The Committee approved the Modern Slavery statement.

9. Operational performance and activity

- 9.1 The Committee noted the impact of the cyber-attack on Synnovis on the Trust's operational performance and activity levels. Overall activity had increased in line with the gradual restoration of pathology capacity, and most clinical services were now operating at normal volumes of activity. However, the incident had had a disproportionate impact on delivery of treatment in many of the more complex patient pathways including cardiac surgery, thoracic surgery and urology. There remained disruption to blood transfusions.

- 9.2 The Committee noted an update on the work being done by Synnovis to fully rebuild its systems; current projections were that full pathology capacity would not be restored until mid-September at the earliest. A recovery plan was being put in place, alongside various other measures to mitigate the impact. Ongoing conversations were also taking place with NHSE, partner organisations, and commissioners for mutual aid. There was discussion about:

- The number of episodes of care that had been cancelled as a result of the cyber-attack and how patients waiting for treatment, particularly those over 65 weeks, were being kept safe from harm;
- The good progress the Trust was making to improve diagnostic performance, despite the impact of the cyber-attack; and
- How the Trust was ensuring staff were able to cope with the increased level of operational pressure, and the support being provided by Guy's and St Thomas' Foundation for this.

- 9.3 Committee members expressed concerns about the potential for another cyber-attack. Assurance was provided that work was being done to strengthen the Trust's own internal cyber security arrangements, and consideration given to how the organisation could take more assurance over the arrangements in place at critical third party suppliers and partners.

- 9.4 The Committee noted that recent industrial action had also impacted activity levels, resulting in further cancellations of treatment. It was clarified that, contrary to reports in the media, no derogations had been agreed by the unions to mitigate the risks to patient safety.

- 9.5 Clinical group chief executives each gave an overview of the operational impact of the cyber-attack in their groups, the impact of this on their key priority areas and how their staff were coping.

9.6 The Trust remained behind its planned performance trajectories across a number of areas including urgent and emergency care, 62-day cancer and diagnostics standards, the size of the total elective backlog and the number of patients waiting longest for treatment. The Trust had, however, performed well against the cancer Faster Diagnosis Standard, which had previously been identified by the Board as a priority area in 2024/25. Committee members sought and received assurance that all reasonable steps were being taken to improve cancer performance, including through use of the independent sector.

10. Infrastructure

10.1. The Committee received and noted an update on the Synnovis cyber-attack, including the latest understanding of how the incident arose and the Trust's response. The Committee noted the ongoing work in respect of the annual Data Security and Protection Toolkit (DSPT) submission, which would be aligned with the National Cyber Security Centre Cyber Assurance Framework (CAF). This work would be used to inform the Trust's cyber strategy and to make further improvements to its cyber resilience.

10.2. The stabilisation of Epic, the Trust's electronic new health patient record system, was continuing to go well and the work had been generally unaffected by the cyber-attack.

10.3. The Committee received an update on the Trust's estate infrastructure, including the challenges faced by the patient transport services. There were positive discussions ongoing with the supplier to improve the service, meanwhile, additional internal measures were in place to further mitigate risks. The provision of patient transportation would be further addressed outside of the meeting.

ACTION: LD/KT

11. Clinical group assurance reports – information by exception

11.1. The Committee noted the update reports from each clinical group that set out their most significant risks and mitigations and the assurance scorecards from the recent performance review meetings with the corporate executive team. All groups recognised the scale of the Trust's financial challenge and were taking positive and proactive steps to develop financial efficiency plans for 2024/25, with quality impact assessments overseen by the Chief Medical Officer and Chief Nurse.

Cancer and Surgery

11.2. The Committee commended the clinical group on the successful opening of the Nuffield theatres at Guy's, which treated their first patient on 17 June 2024, and for achieving gold accreditation for Florence Ward as part of the Trust's ward accreditation scheme. The challenges with the fragility of the aseptic unit in chemotherapy were discussed.

Evelina London – Women's and Children's

11.3. The clinical group had recently won London's Best Public Sector Project from the Royal Institute of Chartered Surveyors, for the new children's day surgery unit. A key factor in this award was the comprehensive patient engagement programme in the design phase, that resulted in demonstrable evidence of patient input to improve health outcomes.

11.4. The external investigation into the assisted conception unit (ACU) incident had now been completed. The Trust had shared the results with the regulator, the Human Fertilisation & Embryology Authority (HFEA), which submitted this documentation alongside their own final report for discussion at their Licencing Committee on 27 June. The Trust had yet to hear back about the conclusions drawn. Whilst many immediate actions in response to the incident had already been implemented, the Trust had established an ACU Improvement Programme to deliver the full set of recommendations from the external investigation. The HFEA had also brought forward the date of its next full inspection to

August. A unit working group to coordinate inspection preparation had been established. A full report would be presented at the October Committee meeting.

ACTION: GB

- 11.5. The Committee noted and discussed the new children and young people gender service which had now been running for three months. Progress was being made toward establishing a permanent community base, but this was taking time given the need to ensure the facility met the long-term requirements of the service. The Committee agreed that the actions that needed to be taken to ensure the provision of a safe, sustainable service remained those that had been agreed with NHS England prior to commencement of the service.
- 11.6. The Committee also noted a comprehensive overview of the Trust's maternity services, including updates regarding the implementation of recommendations from the previous CQC inspection, challenges with ongoing compliance with the CNST Maternity Incentive Scheme, and data showing women's experience of the service. The main risks to the service were discussed, including obstetric theatre capacity and data extraction from Epic to identify issues, and the clinical group would commence a 'good to outstanding' programme for maternity services later in the month.
- 11.7. The Committee discussed perinatal mortality and system flags. Assurance was given that each case was thoroughly reviewed, and processes for training and awareness were in place to address any issue.

Heart, Lung and Critical Care

- 11.8. The Committee noted a reduction in outstanding complaints and learning from death reviews. However, continued concerns regarding the time that patients were waiting for cardiac surgery were expressed. The clinical group continues to co-lead the Trust's diagnostic recovery programme.

Integrated and Specialist Medicine

- 11.9. The Committee discussed the processes in place to ensure that discharged patients had access to the necessary supplies and equipment to support their rehabilitation out of hospital. Some issues had been noted regarding the availability of such supplies which had caused delays to discharge and put extra pressure on staff and patients. The clinical group had escalated concerns to understand what could be done to improve the situation.
- 11.10. Following the decision to place the Trust into the regulatory tiering programme for diagnostics performance, an improvement plan for diagnostics waiting times and activity (DM01) had been agreed and weekly meetings had been established to monitor progress. Whilst there was still significant improvement needed, the data was showing signs that the Trust was recovering its position. As in other clinical groups, the fragility of aseptic units was a concern.

12. Mental healthcare provision in the emergency department

- 12.1. The Committee received an update on the provision of emergency care for patients with serious mental health conditions, which was causing significant pressure across the emergency department. The number of such patients had increased significantly in recent years, with greater numbers in 2024 than at any stage since data collection commenced in 2017. The Committee agreed that the emergency department was not a suitable environment for these patients, and expressed concern that the corresponding high level of violence and aggression in this group of patients was affecting staff. In addition, the level of resources needed to care for these patients also presented a risk to the quality of care provided to other patients, and to flow through the department.
- 12.2. A summary was provided about the steps that had been taken to date to work with system partners to address the issue. Recently, some additional bed capacity had been secured but this had not yet had any positive impact on the situation. Committee members felt that the further steps the Trust could take by itself were limited, and expressed frustration with the insufficiency of the capacity to

meet demand across the system given the severity of the issue. The Committee discussed ways in which the issue could be escalated. The Trust would continue working closely with South London and Maudsley NHS Foundation Trust and NHS England, and seek renewed intervention from the South East London Integrated Care Board (SEL ICB) to find a sustainable solution.

12.3. The Committee agreed to escalate the report and issued discussed to the next Trust Board.

13. Board Assurance Framework

13.1. The Committee approved and noted the current assurance level for the three, principal risks on the BAF that were overseen by the Committee. There was discussion about the risk linked to the quality and safety of services, and the Committee agreed this should remain as 'limited assurance' in light of the issues linked to the Synnovis cyber-attack.

14. Statutory and Regulatory Reports

14.1. The Committee noted the statutory and regulatory reports.

15. Any Other Business

15.1. The Committee Chair recognised the strain and stress on staff that the current operational challenges were causing and, on behalf of the Committee, expressed gratitude to all staff for their hard work.

The next meeting of the Committee would be held on Wednesday 16th October 2024,

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Integrated Performance Report

August 2024

Burnett, Ria
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Highlight Report Contents

August 2024

Domain	Theme	Indicator	Latest Actual	Target
Responsive	4.1 A&E access	A&E stays less than 4 hours (type 1 2 3)	74.7%	76.0%
Responsive	4.1 A&E access	Number of patients spending >12 hours in A&E from decision to admit (DTA)	18.00	
Responsive	4.2 Elective treatment access - referral to tre...	RTT - Total incomplete pathways	140,245.00	
Responsive	4.3 Cancer access	Cancer - 62 day all referral types (total)	47.5%	85.0%
Responsive	4.3 Cancer access	Cancer - FDS	75.1%	75.0%
Responsive	4.4 Diagnostic access	Diagnostic waits - % over 6 weeks	48.7%	5.0%
Responsive	4.9 Recovery	Elective DC & IP vs 24/25 Operational Plan	98.1%	104.0%
Responsive	4.9 Recovery	Number of 65 Week Waiters	1,179.00	
Responsive	4.9 Recovery	Number of 78 Week Waiters	67.00	
Responsive	4.9 Recovery	Outpatient New & FU vs 24/25 Operational Plan	91.2%	104.0%

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Executive summary

Accident and Emergency

- 4 hour all type performance for A&E in quarter one of 2024/25 was 74.57%, a position that has been maintained in quarter two with the latest submitted performance position in September of 74.37%.
- A&E 12 hour breaches have fluctuated throughout the year with high numbers being seen in June, July and September (72, 66 and 87 respectively) with a significant proportion being attributable to mental health. Despite this challenged position the Trust continue to benchmark well within South East London for 12 hour breaches.
- The Trust continue to focus on reaching their aspiration of 78% 4 hour all type performance by March 2025 and continue to work in collaboration with system stakeholders to support the 12 hour position particularly in relation to those patients requiring mental health provision.

Referral to Treatment

- The total number of incomplete Referral to Treatment (RTT) pathways for August is 140,245.
- In August the Trust reported 1,179 patients waiting longer than 65 weeks for their first treatment and 67 patients waiting longer than 78 weeks.
- The Trust remains steadfast in its commitment to reducing the total Referral to Treatment (RTT) waiting list and the number of long waiting patients.

Cancer

- The latest position for the Trust for the 28-day Faster Diagnosis Standard is 75.1% in August and represents an area of significant progress in the Trust where there is a high degree of confidence in continued delivery in this area.
- The combined 62 day performance position in August is 47.5%, which includes shared pathway performance, and the internal performance position is 66.1%.
- The Trust play a significant role in the treatment of patients, locally within South East London alongside providing key surgical treatments from a broad geographical area outside of London and has one of the most complex case-mixes nationally. It is the shared pathway performance that represents a significant area of risk but one that the Trust remain committed to improving working alongside key stakeholders as part of the current enhanced cancer recovery programme being led in the Trust.

Diagnostics

- The Trust reported a position of 48.7% for diagnostic 6 week performance in August.
- Our performance against the 6 week position is relatively static, further work on improving validation and reviewing demand and the required capacity will support further recovery against this standard during Quarter 3 and 4.

Activity

- The combined new and follow up and elective overnight and day case activity position in August is 91.2% and 98.1%.

Key challenges

- The Trust have faced a number of issues throughout the year that have contributed to the challenged position outlined above through loss of activity and cancellations including but not limited to a cyber attack that impacted its third-party Pathology provider, Industrial Action for both doctors and nurses, and estate challenges including those that impacted theatres.

Responsive

August 2024

74.7%

SPC

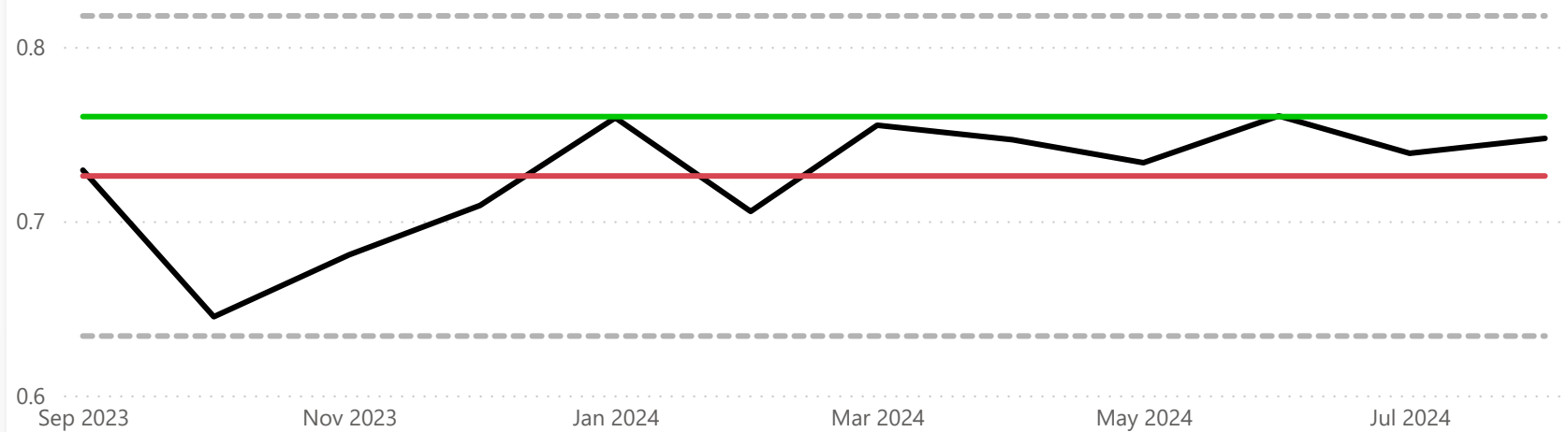
This indicator is showing common cause variation

Caveat

A&E data represents a combined position including Adults and Paediatrics, work is underway to ensure that the data maps correctly to the appropriate Clinical Groups for future reporting.

A&E stays less than 4 hours (type 1 2 3)

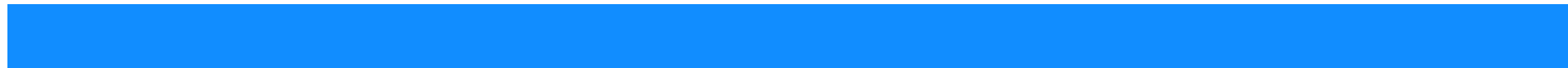
● Actual ● Mean ● CI Upper Process Limit ● CI Lower Process Limit ● Target



Clinical Group Overview

Burnett, Ria
17/10/2024 10:52:21

Integrated and Specialist Medicine



74.7%

Responsive

August 2024

18

SPC

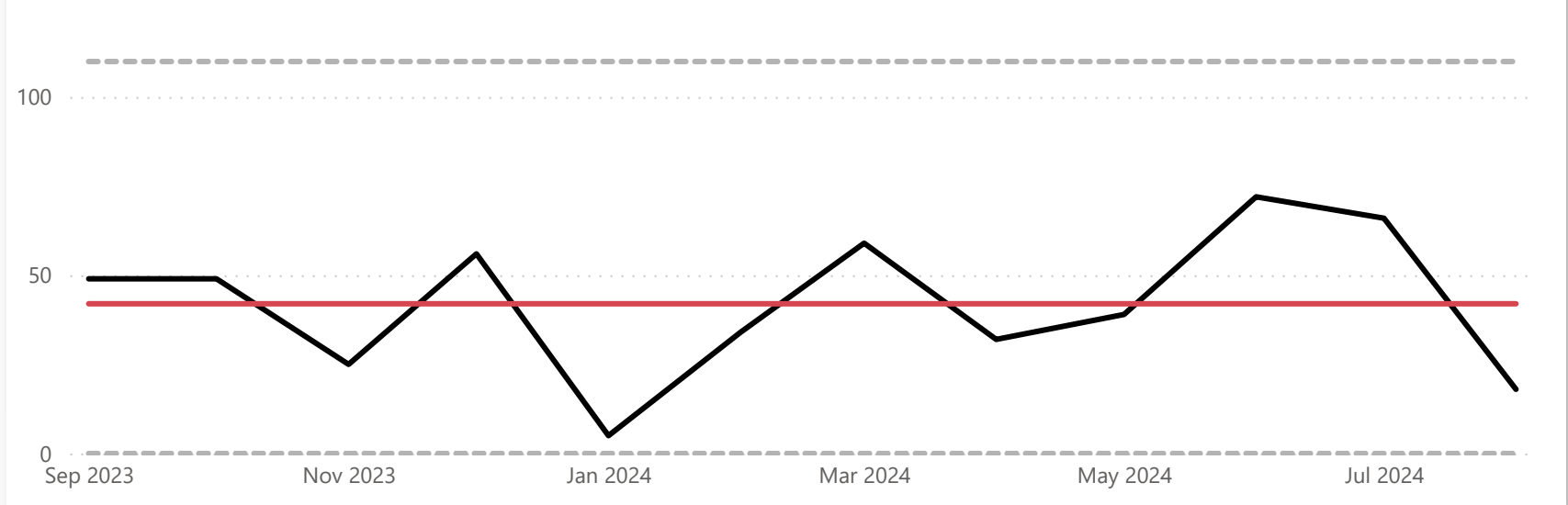
This indicator is showing common cause variation

Caveat

A&E data represents a combined position including Adults and Paediatrics, work is underway to ensure that the data maps correctly to the appropriate Clinical Groups for future reporting.

Number of patients spending >12 hours in A&E from decision to admit (DTA)

● Actual ● Mean ● CI Upper Process Limit ● CI Lower Process Limit ● Target



Clinical Group Overview

Burnett, Ria
17/10/2024 10:52:21

Integrated and Specialist Medicine

18

Responsive

August 2024

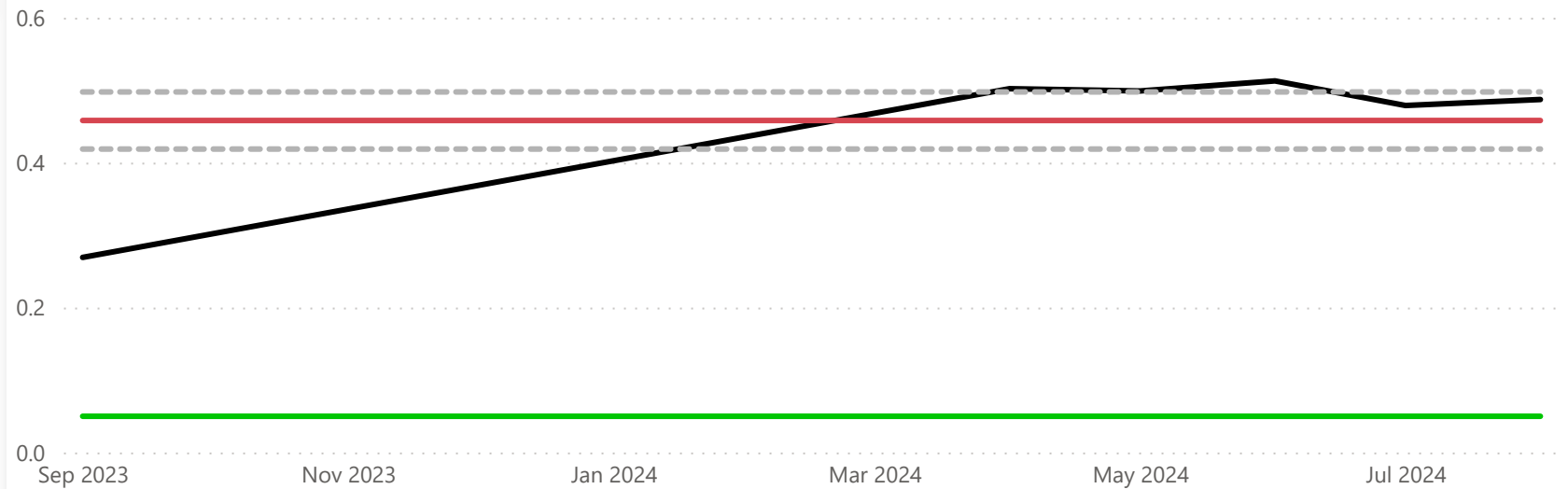
48.7%

SPC

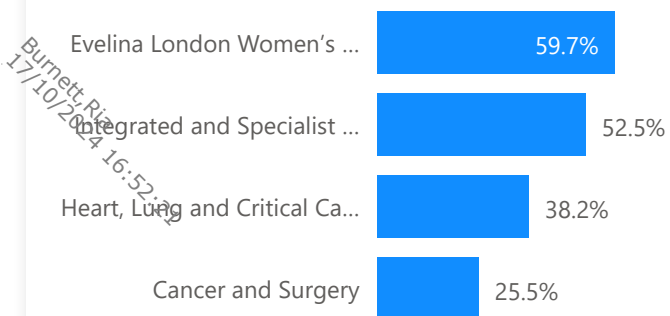
This indicator is showing common cause variation

Diagnostic waits - % over 6 weeks

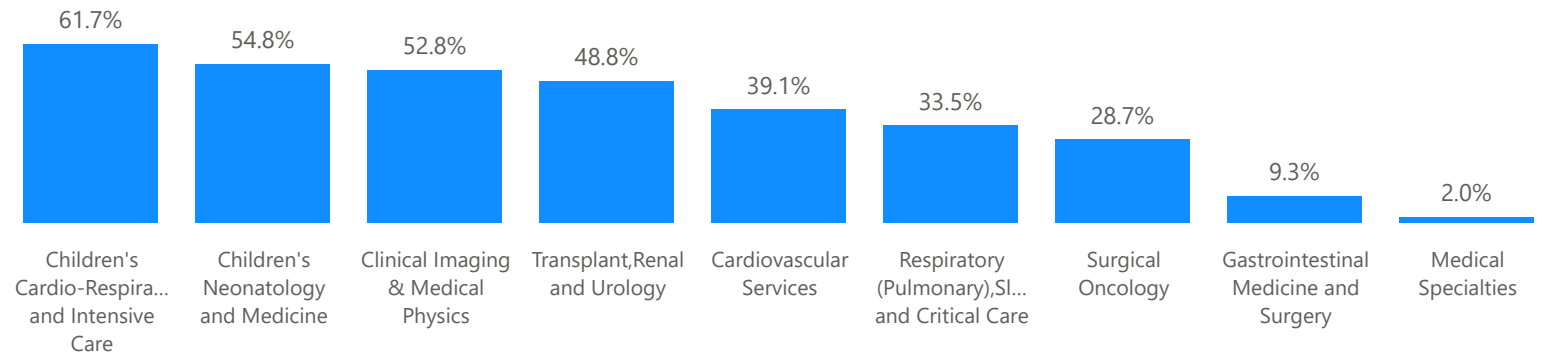
● Actual ● Mean ● CI Upper Process Limit ● CI Lower Process Limit ● Target



Clinical Group Overview



Directorate Overview



Responsive

August 2024

75.1%

SPC

This indicator is showing special cause variation - 2 of 3 (Positive)

Caveat

All cancer data is mapping to Cancer & Surgery Clinical Group. Work is underway to ensure the data maps correctly to the appropriate Clinical Groups for future reporting.

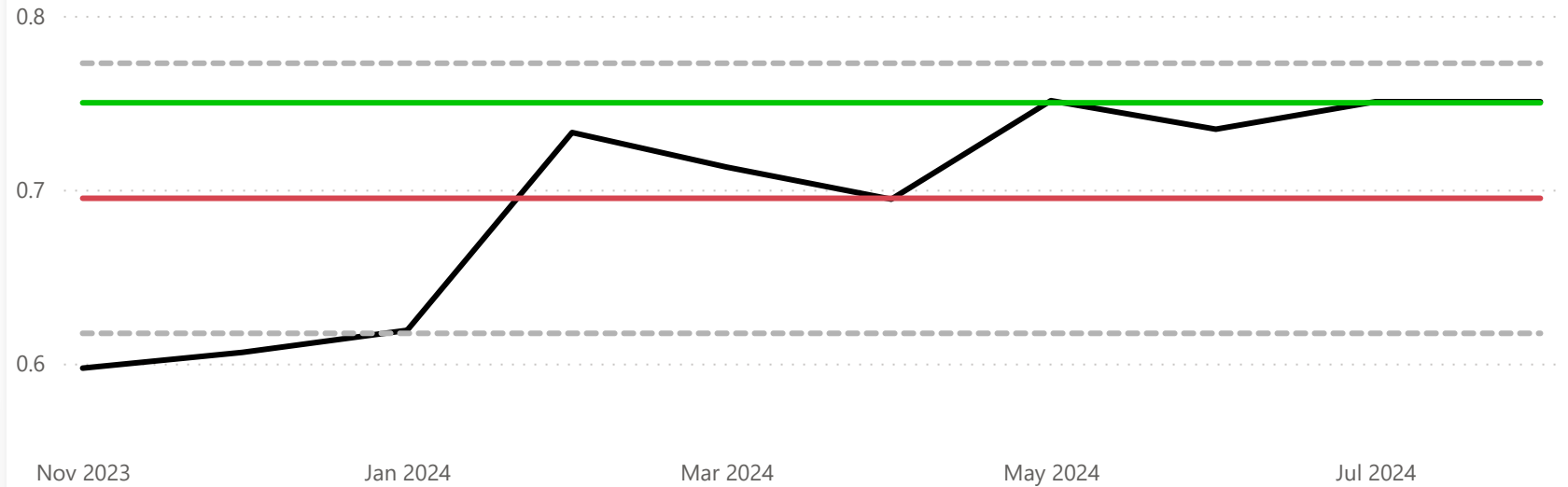
Clinical Group Overview

Burnett, Ria
17/10/2024 16:52:21
Cancer and Surgery

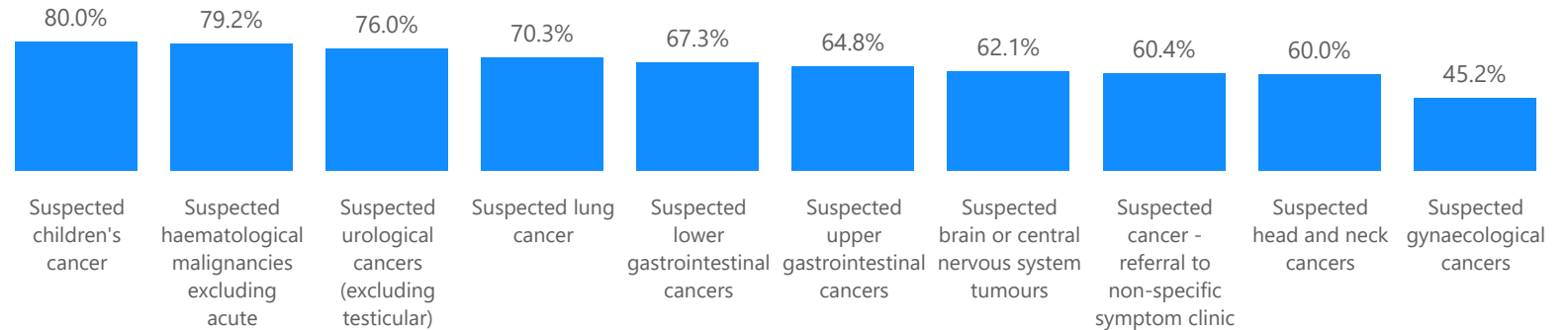


Cancer - FDS

● Actual ● Mean ● CI Upper Process Limit ● CI Lower Process Limit ● Target



Tumour Group Level



Responsive

August 2024

47.5%

SPC

This indicator is showing common cause variation

Caveat

All cancer data is mapping to Cancer & Surgery Clinical Group. Work is underway to ensure the data maps correctly to the appropriate Clinical Groups for future reporting.

Clinical Group Overview

Burnett, Ria
17/10/2024 16:52:21

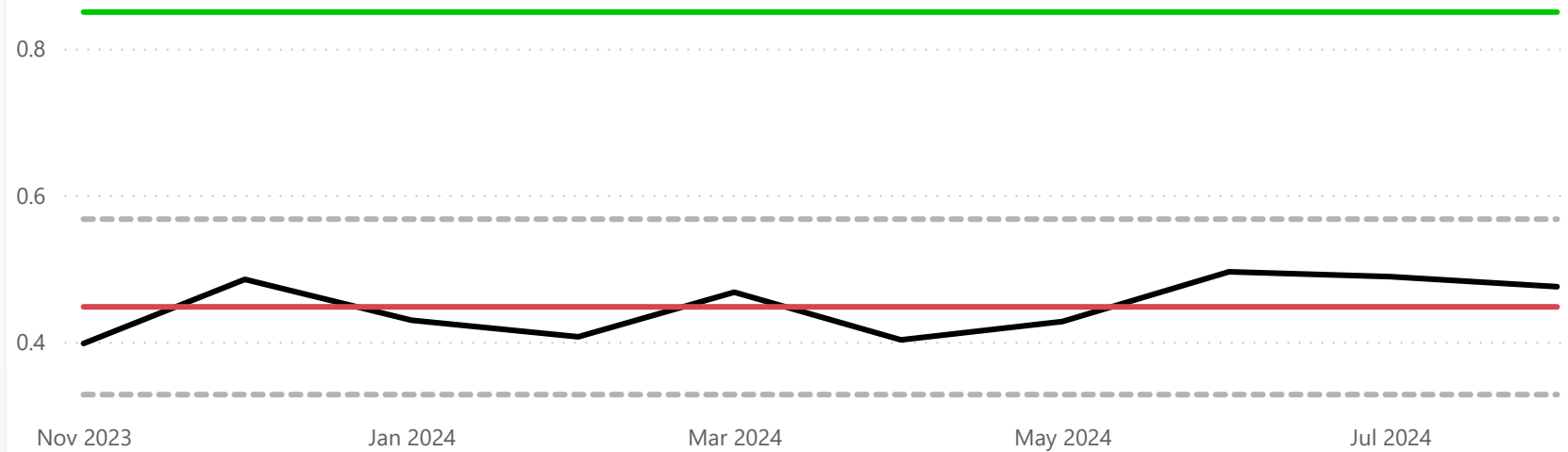
Cancer and Surgery



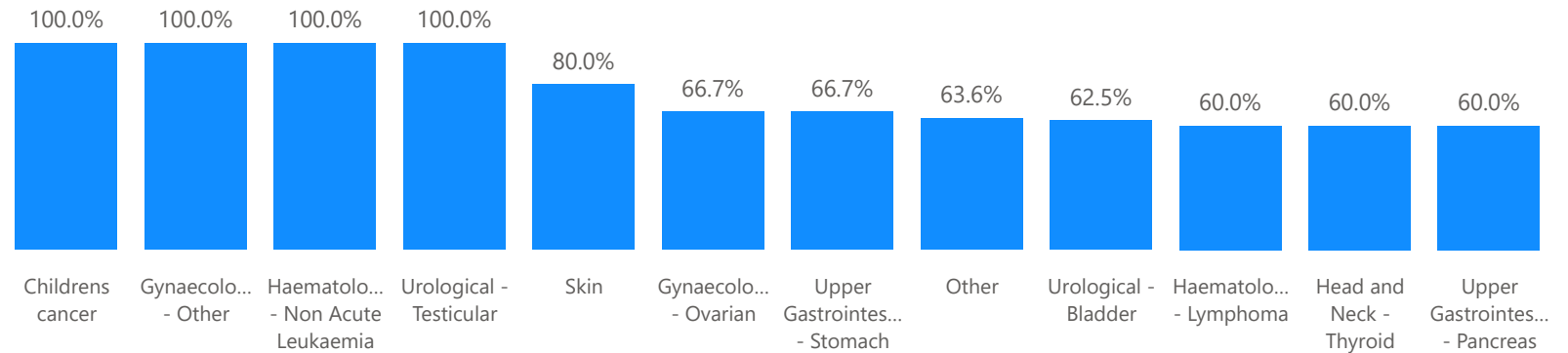
47.5%

Cancer - 62 day all referral types (total)

● Actual ● Mean ● CI Upper Process Limit ● CI Lower Process Limit ● Target



Tumour Group Level



Responsive



Guy's and St Thomas'
NHS Foundation Trust

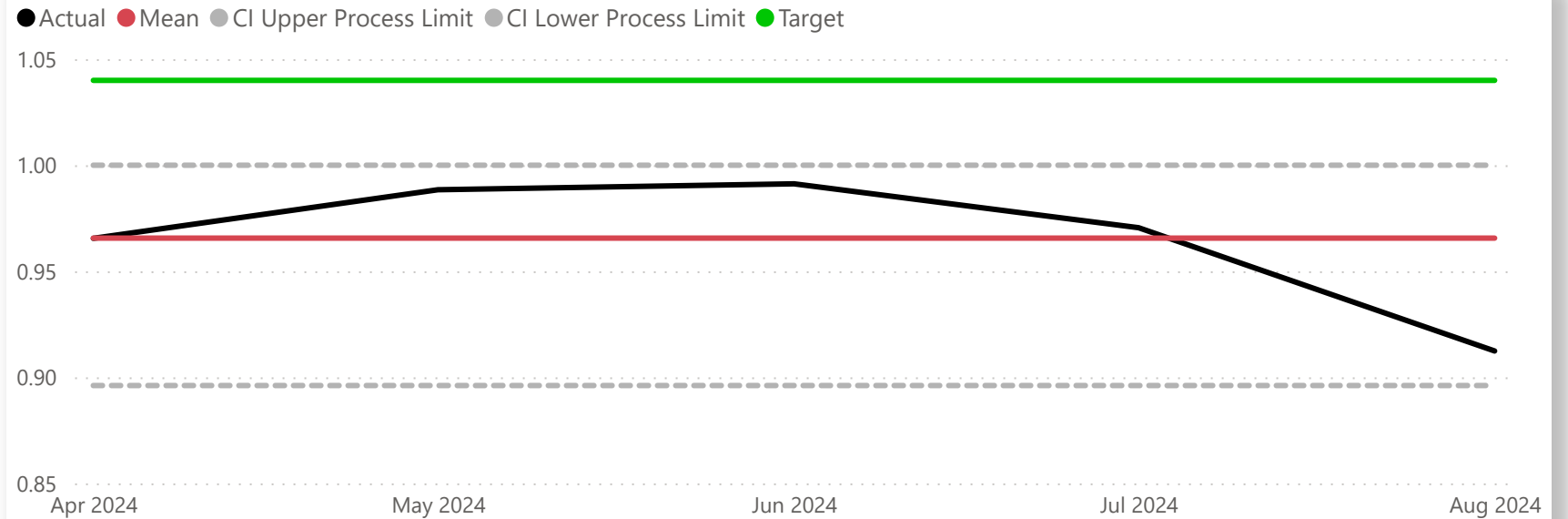
August 2024

91.2%

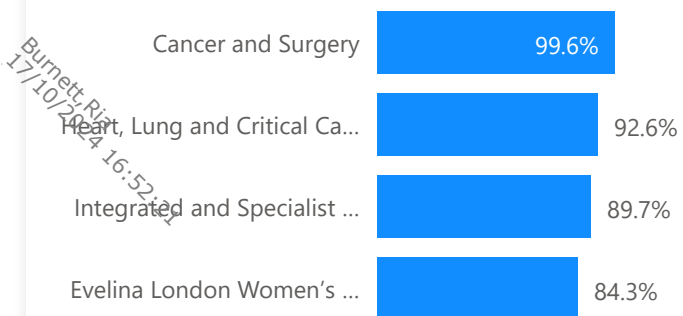
SPC

This indicator is showing common cause variation

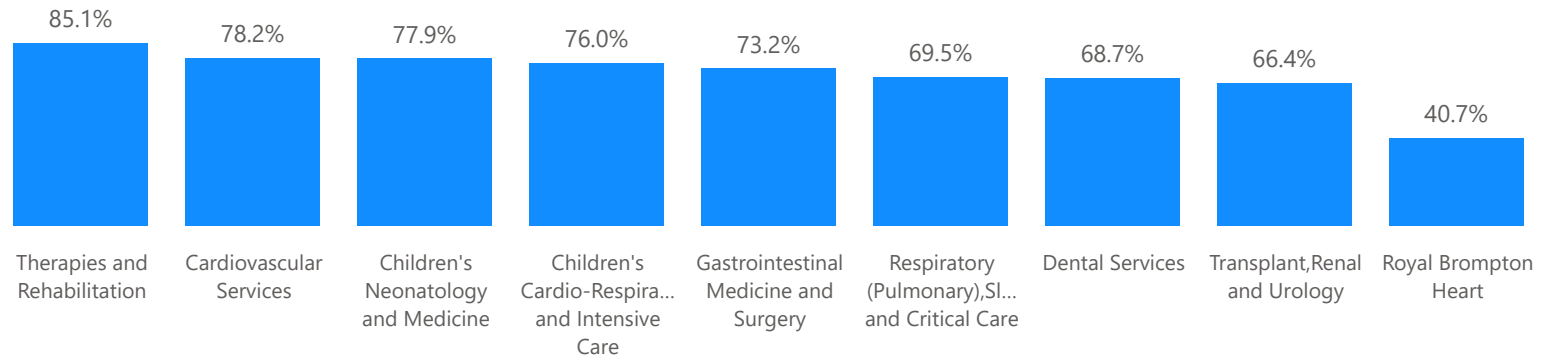
Outpatient New & FU vs 24/25 Operational Plan



Clinical Group Overview



Directorate Overview



Burnett, R
17/10/2024 16:52

Responsive



Guy's and St Thomas'
NHS Foundation Trust

August 2024

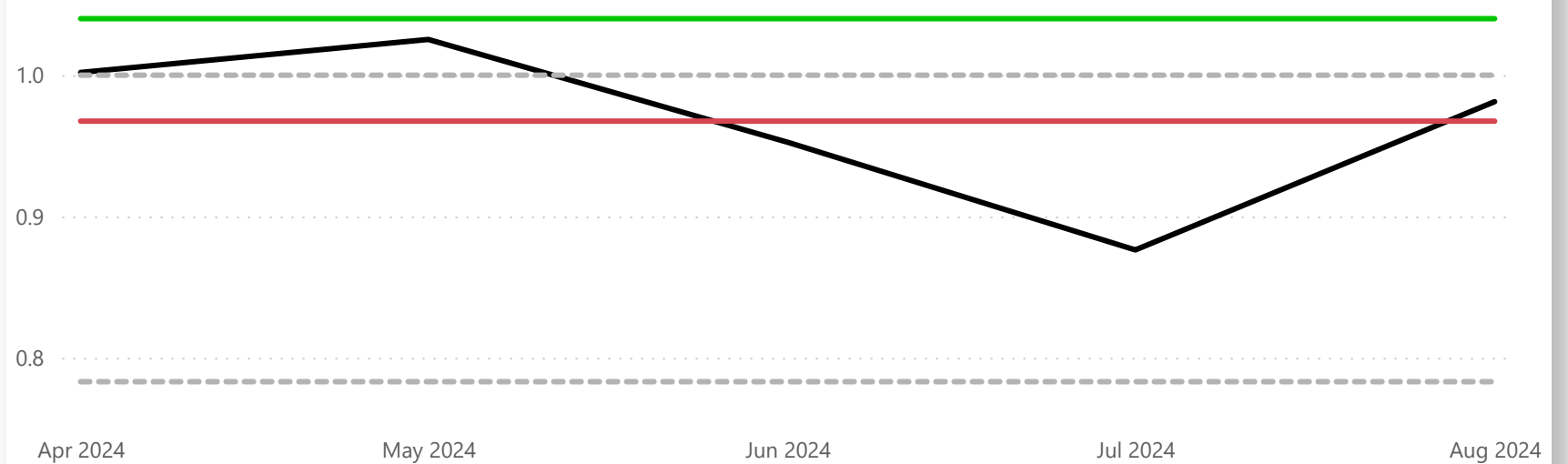
98.1%

SPC

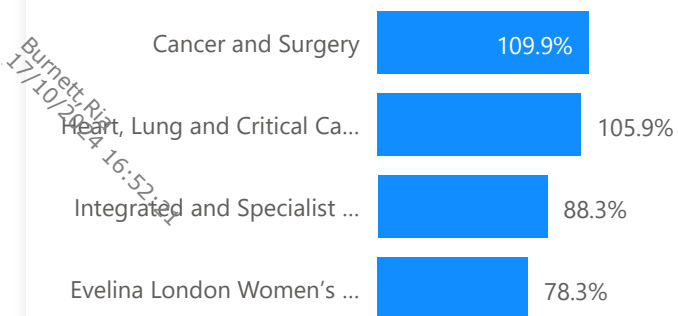
This indicator is showing special cause variation - 2 of 3 (Positive)

Elective DC & IP vs 24/25 Operational Plan

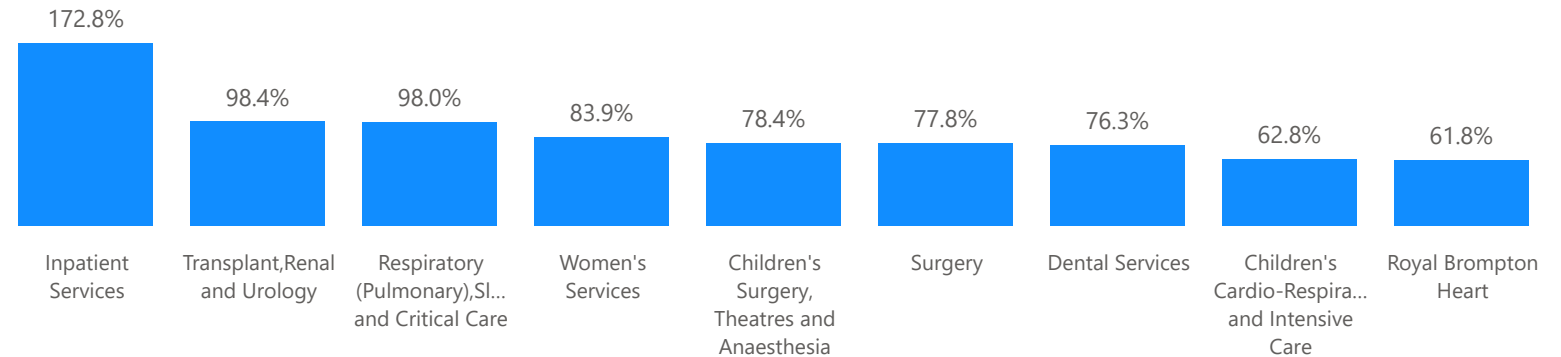
● Actual ● Mean ● CI Upper Process Limit ● CI Lower Process Limit ● Target



Clinical Group Overview



Directorate Overview



Burnett, R...
17/10/2024 16:52:14

Responsive



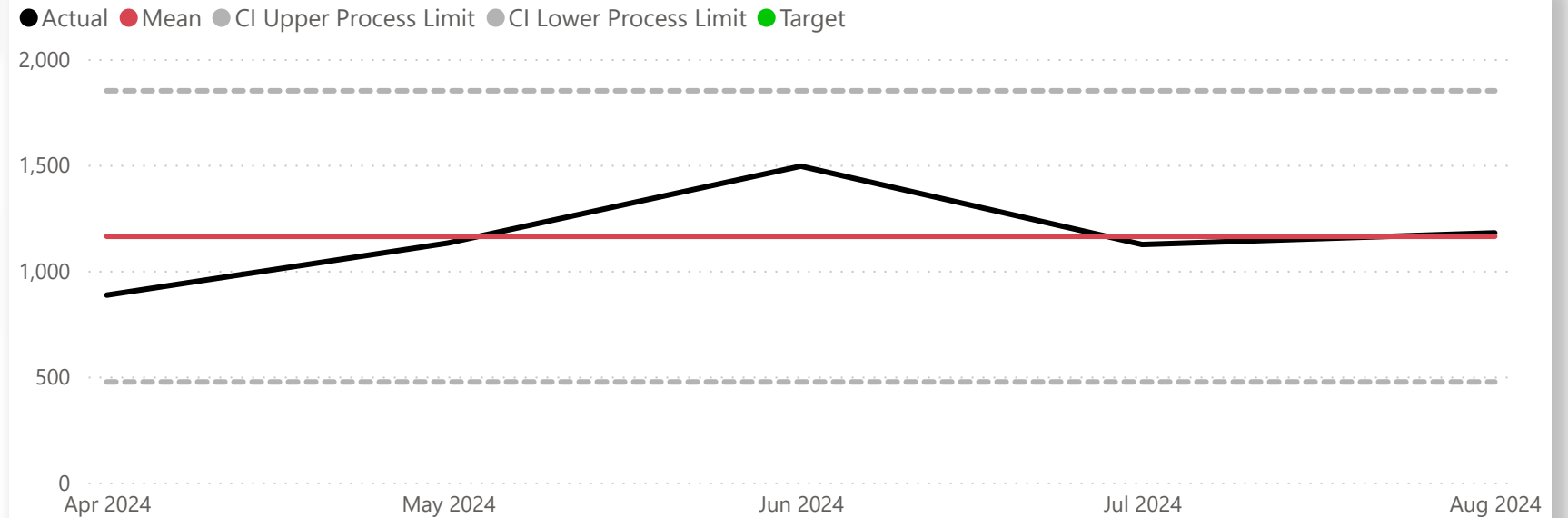
August 2024

1,179

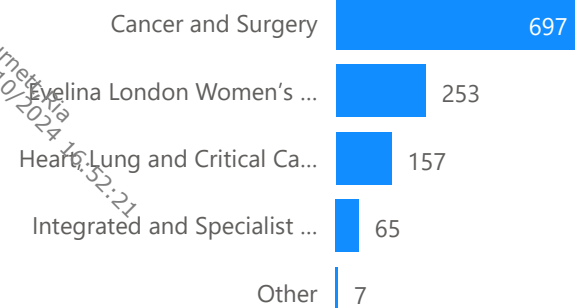
SPC

This indicator is showing common cause variation

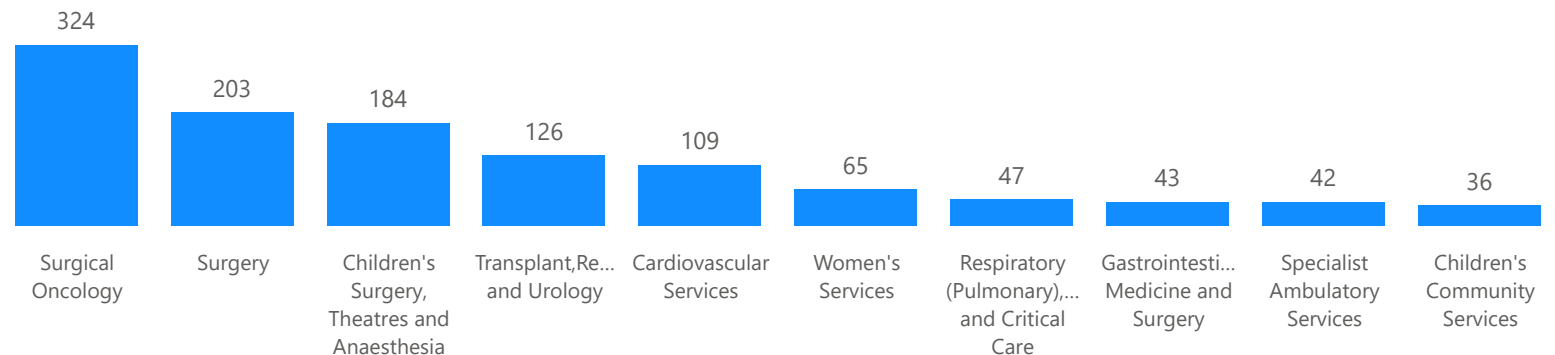
Number of 65 Week Waiters



Clinical Group Overview



Directorate Overview



Responsive

August 2024

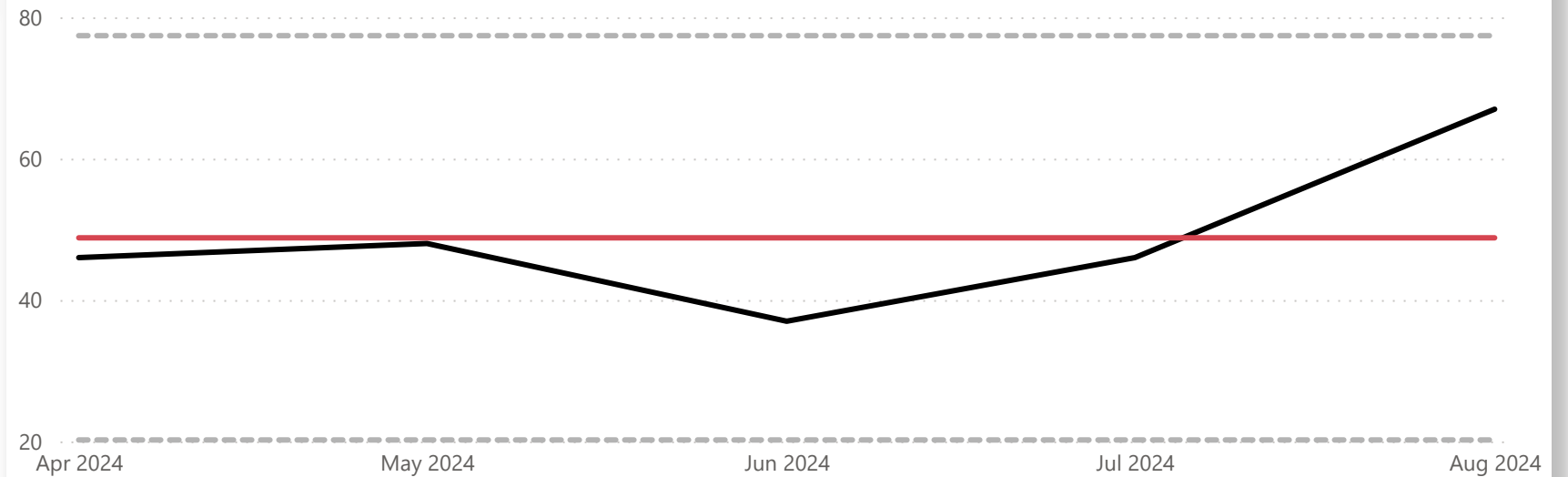
67

SPC

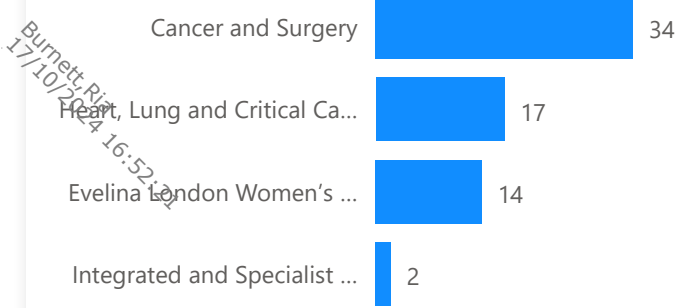
This indicator is showing common cause variation

Number of 78 Week Waiters

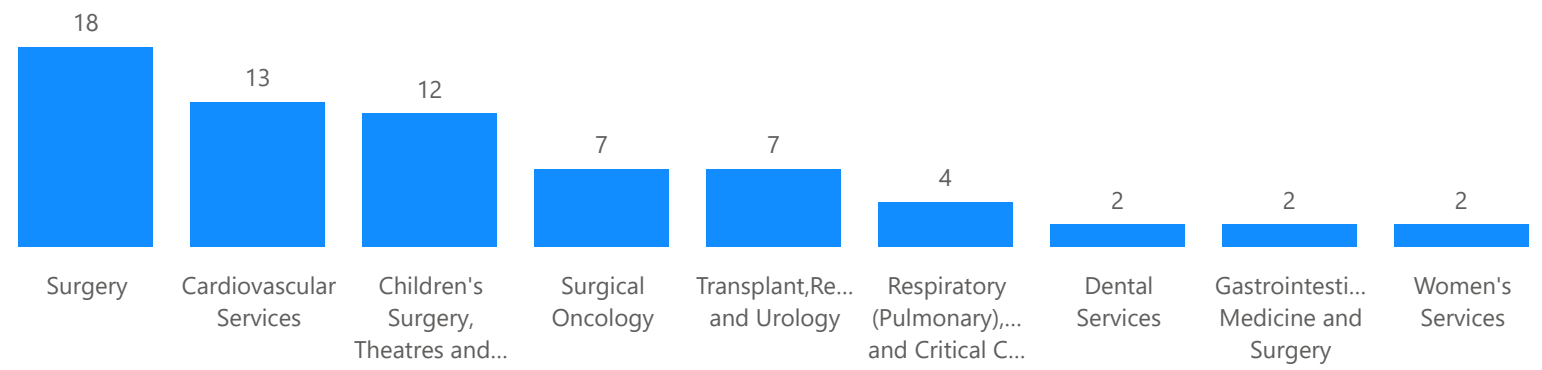
● Actual ● Mean ● CI Upper Process Limit ● CI Lower Process Limit ● Target



Clinical Group Overview



Directorate Overview



Burnett, R
17/10/2024 16:52:10

Responsive



August 2024

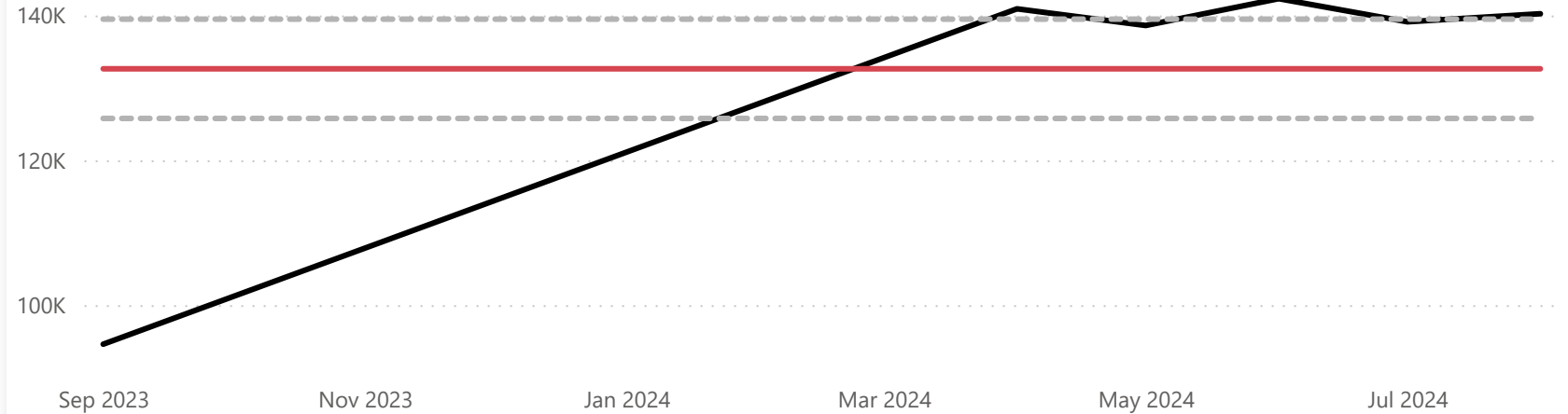
140,245

SPC

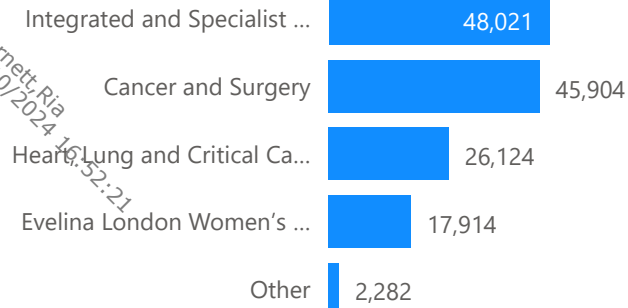
This indicator is showing special cause variation - Single Point (Negative)

RTT - Total incomplete pathways

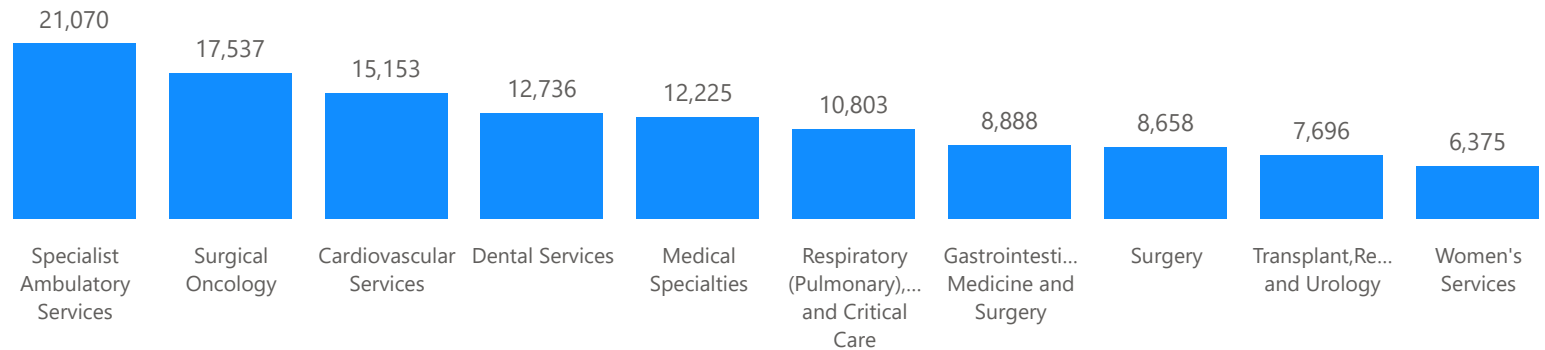
● Actual ● Mean ● CI Upper Process Limit ● CI Lower Process Limit ● Target



Clinical Group Overview



Directorate Overview



Burnett, Ria
17/10/2024 16:52:21

Supporting Information

SPC definitions



Guy's and St Thomas'
NHS Foundation Trust

Statistical Process Control (SPC) charts allow you to identify statistically significant changes in data. The SPC confidence (or process) limits represent the expected range for data points if variation is within the expected limits. A number of rules have been applied in line with the NHSE SPC approach to identify when indicators are showing special variation. Each rule is calculated using the latest month values.

Common cause variation

Indicator has not triggered any SPC rules for current month

Special cause variation – single point

A single point outside the SPC confidence limits (mean +/- 3 sigma)

Special cause variation – trend/shift

A run of 7 points above or below the mean (a shift), or a run of 7 points consecutively ascending/descending (a trend)

Special cause variation – moving range

There is a large change in the moving range (greater than 3.27 & average moving range)

Special cause variation – 2 of 3

2 out of 3 points are within 1 sigma of the upper or lower confidence limit

Burnett, Ria
17/10/2024 16:22:24

**BOARD OF DIRECTORS
TRANSFORMATION AND MAJOR PROGRAMMES COMMITTEE**

**Wednesday 4th September 2024, 12:45pm – 4:00pm
Robens Suite, 29th Floor, Guy's Hospital and MS Teams**

Members Present: Ian Playford (Chair) Simon Friend
Charles Alexander Felicity Harvey
Avey Bhatia Simon Steddon (from 1.20pm)
Steven Davies Lawrence Tallon
Jon Findlay

In attendance: Andrew Asbury Richard Grocott-Mason
Gubby Ayida Nadine HachachHaram (item 8)
Simon Bampfylde Kate Jones
Gail Beer (item 15) Anita Knowles
Victoria Borwick Denis Latiffe (item 8)
Ria Burnett (Minutes) Leah Mansfield
Sarah Clarke Simon Mendy
Tanja Dalle-Muenchmeyer (item 16) Tendai Wileman

1. Welcome and Apologies

1.1. The Chair welcomed colleagues to the Transformation and Major Programmes Board Committee (TMP or the Committee). Apologies had been received from Ian Abbs.

2. Declarations of Interest

2.1. There were no declarations of interest.

3. Minutes of the Previous Meeting held

3.1. The minutes of the previous meeting of the Committee, held on 22nd May 2024, were agreed as an accurate record.

4. Matters Arising and review of Action Log

4.1. The action log was reviewed and it was agreed that actions 51, 52 and 53 could be closed.

4.2. In regards to action 37, although it was recognised that arrangements to visit the pathology hub had been deferred due to the ongoing response to the cyber-attack, it was agreed that a date should be established by the next Committee meeting.

4.3. It was noted that an executive meeting to discuss action 47 on ambulatory transformation was scheduled for 6th September. The Committee looked forward to hearing a decision at the next meeting.

5. Board Assurance Framework (BAF) Risks

5.1. The Committee was reminded of the strategic risks assigned to it on the BAF.

6. Central Portfolio Office Major Programme Report

6.1. A summary was provided on the four key areas of the report, including the main in-flight and pre-flight programmes. The Committee reflected that this was a good paper and found the summaries useful.

- 6.2. There was a discussion about the Senior Responsible Officer (SRO) accountabilities and the Committee was reminded about the significant work that had been undertaken in 2020, including training provided for the SRO role, which differentiated this role from that of Executive Sponsor. The potential risk of multiple SROs leading to a lack of clear accountability was raised in regards to the Children's Hospital Programme. It was confirmed that each SRO had their own clear and distinct responsibilities and accountabilities in place.
- 6.3. The Committee noted that overall the portfolio was ambitious and executive bandwidth would need to be kept under review to ensure the successful delivery of all of the programmes.

7. Estates report, including Capital Delivery Model update

- 7.1. The Committee noted the report and discussion was focussed on the proposed transformation of the operating model within Essentia. The Committee was advised that the scope of the consultation had been extended to include staff within the compliance and operational technical assurance teams. The aim was to have a streamlined model with one team working collaboratively with shared responsibility.
- 7.2. There were circa 150 members of staff in scope, and the intention was to complete the consultation by early December. A summary was provided of the consultation communication exercises that had been completed to date. It was noted that there would be a substantial change with a team of circa 65 staff in the new model. It was highlighted that there may be a risk to delivery of the capital programme whilst these changes were undertaken, and as such additional resource had been brought in to support the programme until December. The Committee recognised that this was a significant piece of work and there would be a number of lessons to learn with regards to the new delivery model.
- 7.3. The Committee felt there was more work to do in order to maximise the use of space across the Trust's estate. The Committee was reminded that extensive work had previously been undertaken to identify potential efficiencies in non-clinical areas. This had resulted in the termination of the leases at Minerva House and WeWork to use existing space at York Road, and the introduction of smart booking systems to improve use of existing space. It was agreed that attention now needed to be given to smarter ways of using outpatient space, and noted that the work would be led by the Essentia Managing Director.

8. Technology Enabled Innovation Portfolio Overview

- 8.1. An overview was presented on the purpose of the report which set out the key areas of focus for technology enabled innovation. A more detailed plan would be presented at the next Committee meeting and would propose the standing up of a specialist advisory group. Having a team in place with the right balance of knowledge, skills and expertise would be crucial to enabling the scale and delivery of the ambition.
- 8.2. Key outcomes included improved user experiences and reliable technology and connectivity that met expectations. It was noted that technology enabled innovation would be a key element in achieving strategic ambitions, and the Trust would need to adjust its risk appetite to embrace change in this area. Investments would also need to be demand led to drive productivity and improve patient experience.
- 8.3. There were a number of opportunities for improvement, including further work on cyber security. There would also be an opportunity to improve technology literacy among both staff and patients, and implementation work would be designed to reflect this.
- 8.4. There were reflections on the use of artificial intelligence (AI) and the need for carefully selected partners to work with to develop the delivery of care. There were a number of key AI categories, including operational and clinical services and back office functions such as coding and imaging. It was noted that there were existing innovations in this area, such as the Centre for Clinical

Scientific Computing which already existed within the Trust. The need for all areas involved in technology innovation to work collaboratively was emphasised.

9. Advanced therapy medicinal products: Programme proposal

- 9.1. The Committee received a summary of the Advanced Therapy Medicinal Products (ATMP) programme proposal, which was an important strategic area for the Trust. There were three specific areas of cutting-edge medicine, gene therapy, cell therapy and tissue engineered products, with several trials underway in cell and gene therapy. Key stakeholders had come together to look at what was required to ensure the Trust was ready to deliver in this key area of healthcare. It was agreed that ATMP would need appropriate resourcing and governance to progress.
- 9.2. The Committee noted the potential ground-breaking impact of this work, which could result in cures for currently incurable and chronic disease. A key challenge was the considerable cost involved, in some of the treatments. It would be important for the Trust to remain in a leading position of innovation, and advocates within the National Institute for Health and Care Excellence (NICE) would be important to understand and influence development of payment models. The Committee had a detailed discussion about development of a business case that would ensure a cost-effective delivery model for this work. The global scale and impact of this work was considered, and it was noted that careful consideration would need to be given to the commercial strategy, intellectual property and stakeholder relationships as this work progressed.
- 9.3. The Committee was supportive of the ATMP programme and agreed that it should be established to take forward the strategic ambitions of the Trust. For the next meeting, the Committee felt that a framework would be useful, to set out how the programme would be organised to deliver ATMP, how this would deliver value to the Trust, and details of further opportunities for funding.

ACTION: Simon Steddon to provide a framework setting out how the programme would be organised to deliver ATMP at the next Committee meeting.

10. Children's Hospital Programme

- 10.1. The Committee received an update on the Children's Hospital Programme, including on the challenging capacity issues and the need to align all stakeholders on the service delivery model. A high-level summary on the drivers for strategic transformation and efficiencies to enable the delivery of the specialist children's hospital had been produced and the Chief Operating Officer would circulate the paper to members after the meeting for information.

ACTION: Jon Findlay to circulate the paper on rightsizing and transformation to colleagues after the meeting.

- 10.2. The key next steps of the programme were to agree the proposed strategy for the decant of St Thomas' House and the demolition of the existing building on this site.

Triangle Site Decant and Demolition Strategies

- 10.3. The Committee was provided with a summary of the decant plans and were asked to support the proposals to demolish St Thomas' House in May 2025, following the decant of the building by March. The Committee had a thorough discussion on the financial strategy, noting a number of challenges, including funding. A way forward would need to be agreed with partners in order to avoid delay to the programme.
- 10.4. The Committee was mindful about the impact on King's College London (KCL) of decanting St Thomas' House should the Trust not be in a position to execute the agreed plans.
- 10.5. The Committee was keen to endorse and offer support for both the decant and demolition strategies, however, more work was required, particularly in respect of funding and the identification of contractors before it could provide full endorsement. It was proposed that a

subgroup should be established to move decision making forward at pace if required, as the financing picture became clearer.

ACTION: Ian Playford would establish a subgroup if required to make financial approvals before the next Committee meeting.

11. Principal Treatment Centre: Programme update

11.1. A summary was provided on the work undertaken in recent months on the Children's Cancer Services Principal Treatment Centre Programme, since the decision by NHS England that Evelina London Children's Hospital would be the future location for these services to serve South London and beyond. A detailed update, including an outline business case and details of the challenging timeline for delivery of the programme, would be provided at the next meeting.

12. Theatre Estate: Programme update

12.1. Significant progress on the theatre estate programme had been made since the previous meeting, and the Committee was pleased to note that the Nuffield Theatres were now operational. Good progress had also been made on the Guy's Surgical Hub project which had formal support from both the South East London Integrated Care System (ICS) and the Acute Provider Collaborative (APC). The Trust had submitted its outline business case to NHSE for funding support and was awaiting the outcome. Work was in train to prepare for the next steps in the programme.

12.2. The CEO of Cancer and Surgery Clinical Group, Essentia Managing Director, Chief Operating Officer and other colleagues that had worked together to revitalise the programme and were thanked for their hard work on the project to date.

12.3. The Committee noted that the Trust continued to have a lack of theatre capacity in the meantime. A more detailed update would be provided at the next meeting about the rolling theatres refurbishment programme, the work required and the costs involved.

13. Apollo Programme: Stabilisation and benefits realisation update

13.1. The Committee noted the report and there was a discussion about realisation of forecast benefits.

13.2. It was recognised that progress had been made since the last Committee meeting. A proposal for the next phase would be presented to the Trust Executive Committee at the end of September, and an update would be provided and fuller discussion held at the next Committee meeting in November.

14. Trust Integration: Programme and benefits realisation update

14.1. This item was deferred owing to time constraints. The Committee would receive an overview of progress on the Trust integration programme and benefits at the next meeting in November.

15. Pathology: Programme and benefits realisation update

15.1. The Committee received a high-level verbal update on the pathology hub programme. Due to the ongoing response to the cyber-attack incident, delays of three to six months on key milestones were anticipated.

15.2. A summary of the recovery progress was provided, including the plan to bring GP services back in house imminently, and for full electronic processes to support blood transfusions to be reinstated towards the end of September.

15.3. Resilience planning and the proposed future operational model were discussed.

16. Sustainability

Environmental Sustainability Progress Update

- 16.1. The Committee received a summary of progress made on delivery by the Trust of its environmental sustainability programme. The Trust had reported externally on overall areas of good performance on carbon footprint, however, it was noted that this did not yet include Royal Brompton and Harefield Hospital sites. There had been a 16% reduction against the baseline, and whilst this compared favourably with comparable Trusts, this was still off target and more work was required to meet milestones.
- 16.2. Whilst recognising the importance of this work, the Committee also noted the funding constraints to further progress, a position which was likely to persist for some time.

Adapting and responding to climate change

- 16.3. The Committee noted the report, particularly the work on reducing carbon footprint and ways in which the Trust was adapting to climate change. There was a discussion about resilience and preparedness in dealing with extreme heat and road closures due to flash flooding, and how the Trust would respond. Proposals were set out in the report on recommendations for risk assessments and possible responses should such situations arise.
- 16.4. There was also a specific discussion about the location of several Trust hospital sites along the river Thames. It was emphasised that the greater area of risk associated, related to flash flooding and the Mayor of London's Office had modelled the impact of this.
- 16.5. The Committee appreciated hearing about sustainability and welcomed the update provided at Board level. The sustainability team was congratulated on the work undertaken to capture data and demonstrate what the Trust had achieved so far.

17. TMP Board Assurance Framework – review

- 17.1. The Committee approved the proposed changes to the Trust's principal strategic risks owned by TMP on the Board Assurance Framework, and agreed now that the Trust's new strategy and values had been launched to review the BAF at each Committee.

18. Any other business

- 18.1. There was no other business.

Date of next meeting – Wednesday 20th November 2024, 1:00pm – 4:00pm

Burnett, Ria
17/10/2024 16:52:21

**GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 23 OCTOBER 2024**

Title:	Documents Signed under Trust Seal, 25 July 2024 to 16 October 2024
Responsible executive:	Ian Abbs, Chief Executive
Paper author:	Joshua Roles, Senior Business Manager
Purpose of paper:	For Information
Trust 24/25 objective:	Work with partners where this supports the delivery of common goals
Strategic priority:	Delivering healthcare excellence
Relevant BAF risk(s):	N/A
Key issues summary:	<ul style="list-style-type: none"> In line with the Trust's Standing Financial Instructions, the Chairman, Charles Alexander and Professor Ian Abbs, Chief Executive are required to sign contract documents on behalf of the Trust, under the Foundation Trust's Seal.
Paper previously presented at:	<ul style="list-style-type: none"> N/A
Recommendation(s):	<p>The BOARD is asked to:</p> <p>Note the record of documents signed under Trust Seal.</p>

Burnett, Ria
17/10/2024 16:52:21

GUY'S AND ST THOMAS' NHS FOUNDATION TRUST
BOARD OF DIRECTORS
WEDNESDAY 23 OCTOBER 2024

1. Introduction

In line with the Trust's Standing Financial Instructions, Professor Ian Abbs, Chief Executive and Charles Alexander, Chairman signed document numbers 1070 to 1077 under the Foundation Trust's Seal during 25 July 2024 to 16 October 2024.

2. Recommendation

The Board is asked to note the record of documents signed under Trust seal.

Number	Description	Date
1070	Signing and Sealing of the main works contract of the Cell Therapy GMP Expansion Project on the 15th floor of Tower Wing Guy's Hospital.	20/08/2024
1071	Signing and Sealing of the Licence to Alter between (1) Guy's and St Thomas' NHS Foundation Trust and (2) Assura Properties Limited to undertake ventilation improvement works	17/09/2024
1072	Signing and Sealing of the lease between (1) Royal Brompton & Harefield Hospital Charity (as landlord) and (2) Guy's & St Thomas' Foundation Trust (as tenant) relating to the leasing of Ground Floor Premises at Trafalgar Chambers, South Parade, London providing GSTT's sleep centre.	24/09/2024
1073	Settlement Agreement and Deed of Variation relating to turnover rent dispute between (1) Guy's and St Thomas' NHS Foundation Trust and (2) HCA International Limited in respect of a Turnover Rent dispute at the Guy's Cancer Treatment Centre. Rent review memoranda for the years 2017, 2018, 2019, 2020, 2021, 2022, 2023 and 2024.	08/10/2024

Burnett, Ria
17/10/2024 16:52:21

1074	Lease between (1) Guy's and St Thomas' NHS Foundation Trust (as landlord) and (2) National Westminster Bank PLC (as tenant) relating to premises for one ATM unit on the Ground Floor within the building known as Guy's Tower Link.	08/10/2024
1075	Agreement to Surrender between (1) Guy's and St Thomas' NHS Foundation Trust (as landlord) and (2) Recognition Health Limited (as tenant) intending to vacate the third floor of 77 Wimpole Street, W1G 9RU.	15/10/2024
1076	Renewal of lease between (1) Guy's and St Thomas' NHS Foundation Trust (as landlord) and (2) Andrew Saville-Edells (trading as Pet Pavillion) for Unit 5 retail space within Chelsea Farmers Market.	15/10/2024
1077	Renewal of lease between (1) Guy's and St Thomas' NHS Foundation Trust (as landlord) and (2) Watermelon House Limited for Unit 12 retail space within Chelsea Farmers Market.	15/10/2024

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17/10/2024 16:52:21